

M 1500000 1720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

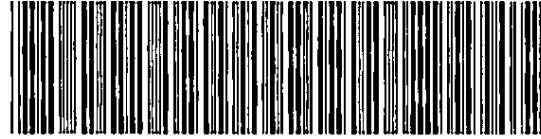
(Document Number)

Certified Copies _____

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2019 FEB 26 PM 3:38

CLERK OF DISTRICT COURT
JULIA HASSELT

C. GOLDEN

MAR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HBC (HALLANDALE) EMPLOYER, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

V Ben-Sadigh

(Name of Person)

HBC (HALLANDALE) EMPLOYER, LLC

(Firm/Company)

131 Spring Street, 4th Floor

(Address)

New York, NY 10012

(City/State and Zip Code)

For further information concerning this matter, please call:

V Ben-Sadigh

(Name of Person)

212 277-4156
at (_____) _____
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HBC (HALLANDALE) EMPLOYER, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

03.05.15

(Date registered with Florida Department of State)

M15000001720

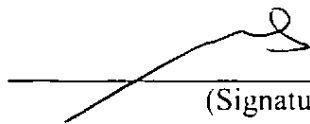
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

V. Ben-Sadigh

(Typed or printed name of signee)

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HALLANDALE, FL

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HALLANDALE, FL

FILED

Filing Fee: \$25.00