

M15000008221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

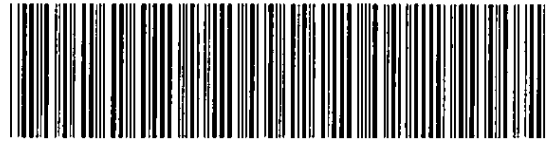
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 18 2024

Office Use Only



200431384432

RECEIVED

2024 JUL 17 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 JUL 17 PM 9:21

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/17/2024

****WALK IN****

ENTITY NAME HSRE-ASL Casselberry TRS, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: 120160000072

S. R. JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

TO: Registration Section
Division of Corporations

☒ \$25 Filing Fee
 ☐ \$30 Filing Fee & Certificate of Status
 ☐ \$55 Filing Fee & Certified Copy
 ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

2015 JUN 11 07:21

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HSRE-ASL Casselberry TRS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/14/2015

(Date registered with Florida Department of State)

M15000008227

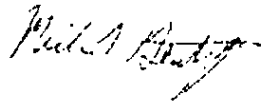
(Florida Document Number)

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)

Michael Gershowitz

(Typed or printed name of signee)