## 116000006752

(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:	
File 4th	





100441298891

2024 DEC 20 PH 12: 33

2024 DEC 20 FH 3: 46

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

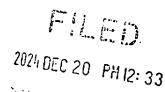
ai a

EXAMINER:

Phone: 850-558-1500	FILE ##
ACCOUNT NO.	: 12000000195
REFERENCE	:
AUTHORIZATION	:
COST LIMIT	: \$ 25.0
ORDER DATE : 12/20/24	
ORDER TIME :	
ORDER NO. :	
CUSTOMER NO:	
FOREIGN F	ILINGS
NAME: KW Alhambra Property	GP, LLC
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPAN	Y
XXXX WITHDRAWAL/CANCELLATION	
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS	
CONTACT PERSON:	

## **COVER LETTER**

	ntion Section n of Corporations		
SUBJECT: KV	V Alhambra Property GP, LL	С	
SUBJECT:	(Name of Fo	reign Limited Liab	ility Company)
Dear Sir or Mad	am:		
The enclosed wi	thdrawal and fee(s) are submitte	ed for filing.	
Please return all	correspondence concerning this	matter to the follo	owing:
	(Name of Person)		
Wexford Capit	al LP		
	(Firm/Company)		
777 West Putr	am Ave., First Floor		
Greenwich, Cl	(Address) - 06830		
	(City/State and Zip Coo	le)	<del></del>
For further infor	mation concerning this matter, [	olease call:	
Wexford Legal		203 at (	862-7000
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)
Regist Divisi P.O. F	a Address: ration Section on of Corporations Box 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a ch	eck for the following amount:	:	
□\$25 Filing Fe	e S30 Filing Fee & Certificate of Status	□\$55 Filing Fe Certified Co	<del>-</del>



## 2024 DEC 20 PH 12: 33 NOTICE OF WITHDRAWAL OF CERTIFICATE A SEE. FL

KW Alhambra P	roperty GP, LŁC			
(Name of limited liability company)				
Delaware				
	(Jurisdiction of its organization)			
August 23, 2016				
	(Date registered with Florida Department of State)			
M16000006752				
	(Florida Document Number)			
(If an effective more than 90 d <b>Note:</b> If the dat	if other than the date of filing:			
	Phil Bofffeld			
	(Signature of authorized representative)			
	Philip Bottfeld, Vice President, Assistant Secretary and Treasurer			
•	(Typed or printed name of signee)			

Filing Fee: \$25.00

WD-11699

Prepared: A. Russo Reviewed: M. Tuccio