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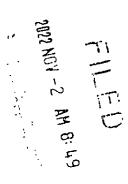
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Withdrawal



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A. RAMSEY NOV 03 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 089332 7659558 AUTHORIZATION : COST LIMIT : ORDER DATE: October 31, 2022 ORDER TIME : 8:50 AM ORDER NO. : 089332-010 CUSTOMER NO: 7659558 FOREIGN FILINGS NAME: HARBOUR POINTE AVANATH PARTNERS, LLC \_\_ CORPORATE \_\_\_\_ LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_

## **COVER LETTER**

Registration Section TO: Division of Corporations HARBOUR POINTE AVANATH PARTNERS, LLC SUBJECT: (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: Ellen Guccione (Name of Person) Avanath Capital Managment (Firm/Company) 1920 Main Street, Suite 150 (Address) Irvine, CA 92614 (City/State and Zip Code) For further information concerning this matter, please call: Ellen Guccione (Area Code & Daytime Telephone Number) (Name of Person) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$60 Filing Fee, □\$55 Filing Fee & S30 Filing Fee & □\$25 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy

FILED 2022 NOV -2 AM 8: 49

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HARBOUR POINTE AVANATH PARTNERS, LLC
(Name of limited liability company)
DE (Jurisdiction of its organization)
08/26/2016
(Date registered with Florida Department of State)
M16000006917
(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)
Ellen Guccione - Executive Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00