M16000007679

(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:				

Office Use Only



500406668495

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/28/2023		**WALK IN**
ENTITY NAME SAVANI	IAH PARK/RW, LLC	
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
***	LEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATI	ON	
NUMBER OF CERTIFICAT	ES REQUESTED	
TOTAL OWED \$25.00	ACCOUNT #: I20160000072	2
	S R FM	
Please call Tina at th	e above number for any issues or concerns. Thank you so	mach!

COVER LETTER

TO:		on Section of Corporations		
SUBJE		ANNAH PARK/RW, LLC		
SUBJE		(Name of Fo	reign Limited Liability	Company)
Dear S	ir or Madam	:		
The en	closed witho	Irawal and fee(s) are submitt	ed for filing.	
Please	return all co	rrespondence concerning this	s matter to the following	g:
HARR	IS HASTO	N		
		(Name of Person)		_
CART	ER-HASTO	N		
		(Finn/Company)		_
3301 V	VEST END	AVE, SUITE 200		
		(Address)		_
NASH	VILLE, TN	37203		
		(City/State and Zip Coo	ic)	_
For fur	ther informa	tion concerning this matter,	please call:	
MOLL	Y BECKNE	ER	615 at (577-4659
	()	Name of Person)	(Area Code &	& Daytime Telephone Number)
	Division P.O. Box	tion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a chec	k for the following amount:	:	
□ \$ 25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DELAWARE	(Name of limited liability company)	
DELAWARE		
	(Jurisdiction of its organization)	
09/27/2016		
	(Date registered with Florida Department of State)	
#M1600000767	9	
	(Florida Document Number)	
This limited I	ability company is withdrawing its certificate of authority in th	is state.
(If an effectiv more than 90 Note: If the d	c, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to days after filing.) ate inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department C. Lim Letter (Signature of authorized representative)	filing requirements,
	HARRIS HASTON	TOZ3 MER 28 PM 1: 1 A SETENAY OF STAT

Filing Fee: \$25.00