M17000001105

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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SEPARTICE VERSION

NOV 1.4 2017 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 909198 5021613

AUTHORIZATION :

COST LIMIT : \$\int 25.00

ORDER DATE: November 13, 2017

ORDER TIME : 2:37 PM

ORDER NO. : 909198-010

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: HILLSBORO SHORES, LLC

___ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

	_	Corporations			
		-			
SUBJECT:	Hillsbo	oro Shores, LLC			
		(Name of Fo	reign Limited Liabil	ity Company)	
Dear Sir or	Madam:				
The enclose	d withdr	awal and fee(s) are submitte	ed for filing.		
Please return	n all con	respondence concerning this	matter to the follow	ring:	
Tim Sander	ъ				
		(Name of Person)			
		(Firm/Company)			
848 Brickel	l Avenue	;, PH 1			
	 	(Address)			
Miami, FL	33131				
		(City/State and Zip Coo	le)		
For further i	nformati	on concerning this matter, p	olease call:		
Tim Sanders	S		786 at (220-0469	
	(Ni	ame of Person)		e & Daytime Telephone Number)	
		OURIER ADDRESS:		AILING ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations		
Clifton Building			P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301			Tallahassee, Florida 32314		
		for the following amount:			
🗅 \$ 25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hillsboro Shore	s, LLC	
**************************************	(Name of limited liability company)	
Delaware		•
	(Jurisdiction of its organization)	
February 7, 201	7	
	(Date registered with Florida Department of State)	
M17000001105		
	(Florida Document Number)	
This limited l	iability company is withdrawing its certificate of authority in this st	ate.
(If an effective more than 90 Note: If the description of the descript	e, if other than the date of filing: e date is listed, the date must be specific and cannot be prior to date days after filing.) ate inserted in this block does not meet the applicable statutory filing.	ng requirements,
this date will	not be listed as the document's effective date on the Department of	State's records.
	(Signature of authorized representative)	- - 20 2
	Arnaud Karsenti	2817 NOV
·	(Typed or printed name of signee)	13 KH 9: 05

Filing Fee: \$25.00