

M17000001467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

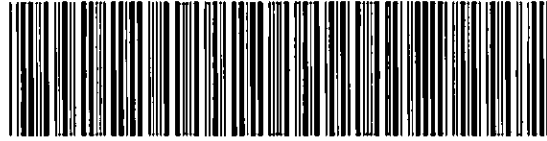
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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21 MAR 17 PM 2:46

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CLERK OF STATE  
TALLAHASSEE, FL

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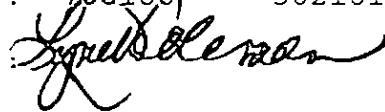
BLAKER  
MAR 18 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 7081861 5021613

AUTHORIZATION



COST LIMIT : \$ 25.00

ORDER DATE : March 16, 2021

ORDER TIME : 11:01 AM

ORDER NO. : 708186-030

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: 500 NE HOLDINGS GP 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: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 500 NE Holdings GP LLC  
\_\_\_\_\_  
(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:

Kayla Lee  
\_\_\_\_\_  
(Name of Person)

c/o Wexford Capital LP  
\_\_\_\_\_  
(Firm/Company)

677 Washington Blvd., Suite 500  
\_\_\_\_\_  
(Address)

Stamford, CT 06902  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kayla Lee at (203) 862-7000  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, 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 check 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

500 NE Holdings GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

February 20, 2017

(Date registered with Florida Department of State)

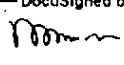
M17000001467

(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.

DocuSigned by:  
  
631B46A98CE0499

(Signature of authorized representative)

Arthur Amron, Authorized person

(Typed or printed name of signee)

FLORIDA DEPARTMENT OF STATE  
FEB 20 17 AM 9:07  
ED

Filing Fee: \$25.00