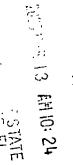
## M11000001510

(Requestor's Name)
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(City/State/Zip/Phone #)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

There. 030 330 1300				
ACCOUNT NO. : 12000000195				
REFERENCE : 561041 7523987				
AUTHORIZATION:				
COST LIMIT : \$ 25.00				
ORDER DATE: March 10, 2023				
ORDER TIME : 9:17 AM				
ORDER NO. : 561041-005				
CUSTOMER NO: 7523987				
FOREIGN FILINGS				
NAME: CONCORD JACKSONVILLE TC, 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**

	on Section of Corporations		
	cord Jacksonville TC, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or Madam	:		
The enclosed without	frawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	s matter to the following	ng:
Sarah Naumann			
	(Name of Person)		_
Concord Hospita	lity Enterprises Company,	LLC	
	(Firm/Company)		_
11410 Common	Oaks Drive		
	(Address)	-	_
Raleigh, NC 276	14		
••-	(City/State and Zip Cod	le)	_
For further informa	tion concerning this matter, p	olease call:	
Sarah Naumann		919 at (	2781551
1)	Same of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		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

Concord Jacksonville TC, LLC	
(Name of limited liability company)	<del></del>
Delaware	
(Jurisdiction of its organization)	
2/21/17	
(Date registered with Florida Department of State)	
M17000001510	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this st	ate.
Effective Date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)  Note: If the date inscrted in this block does not meet the applicable statutory filing his date will not be listed as the document's effective date on the Department of	ng requirements,
(Signature of authorized representative)	
Julie Richter	28
(Typed or printed name of signee)	1023 P. 13 AM 10: 2
	10:24 STATE

Filing Fee: \$25.00