M17000004114

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		



FILED 2023 DEC 11 AM 9: 57 TALLAHASSEE, FLORIDA

RECEIVED 2023 DEC 11 PM 12: 43 SECTEMENT, CHARAGE TALLAHASSEE, FLORIDA

Office Use Only



,

To: Department Of State, Division Of Corporations From: Alexxis Weiland-Sorenson Ext: 61592 Date: 12/11/23 Order #: 1330149-7 Re: Pasco Woods HH LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find: Application for Certificate of Withdrawal AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: 120000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section Division of Corporations

r

Pasco Woods HH LLC

SUBJECT:

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(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:

Gabriella Camilleri

(Name of Person)

(Firm/Company)

152 West 57th Street, 60th floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tałlahassee, 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 &	□\$55 Filing Fee &	□ \$60 Filing Fee.
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

at (



December 12, 2023

CSC

SUBJECT: PASCO WOODS HH LLC Ref. Number: M17000004164

RESUBMIT

Please give original submission date as file date.

We have received your document for PASCO WOODS HH LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Withdrawal must be signed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 923A00028280

2023 DEC 13 AH 11: 23 RECEIVED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pasco Woods HH LLC	
	(Name of limited liability company)
DE	
<u>.</u>	(Jurisdiction of its organization)
05/16/17	
	(Date registered with Florida Department of State)
M17000004164	
	(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)

James O'Connell

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(Typed or printed name of signee)

TALLAHASSEE, FLOR

1023 DEC 11 AM 9: 57

FILED

Filing Fee: \$25.00