

M17 0000005391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

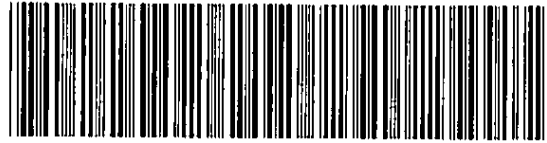
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600423093716

RECEIVED
2024 FEB 27 AM 11:00
OFFICE OF STATE
TALLAHASSEE, FL

RECEIVED
2024 FEB 27 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 02/27/24
Order #: 1438265-3
Re: MHC Master TRS LLC
Processing Method: Routine

2024 FEB 27 AM 11:00
DEPT OF STATE
TALLAHASSEE, FL
ED

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25 - FL State Account Number:
I20000000195

AUTH

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

SUBJECT: MHC MASTER TRS 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:

Raquel Mehlman

(Name of Person)

Reed Smith LLP

(Firm/Company)

200 Biscayne Blvd, Suite 2600

(Address)

Miami, FL 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Raquel

786

747 0200

at ()

(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

RECEIVED
TALLAHASSEE, FL
JAN 27 11:00 AM

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MHC MASTER TRS LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
6/3/2017	
(Date registered with Florida Department of State)	
M17000005371	
(Florida Document Number)	

2017 JUN 27 AM 11:00
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
FILED

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.

/s/ Raquel Mehlman

(Signature of authorized representative)

Raquel Mehlman

(Typed or printed name of signee)