Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : 120160000017 : (800)345-4647 Phone : (800) 432-3622 Fax Number

LLC DISSOLUTION OR WITHDRAWAL

FHF I AIC, LLC

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Corporate Filing Menu

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AUG 0 7 2017

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COVER LETTER

10:	_	sion of C	Corporations				1
SUBJEC		FHF I A	IC, LLC				1
50.502		(Name of Foreign Limited Liability Company)					;
Dear Sir	or M	ladam:					i
The enci	losed	withdray	val and fee(s) are submitte	d for filin	ζ.		
Please re	turn	all corre	spondence concerning this	matter to	the following	:	
			(Name of Person)		-		
Capitol	Servi	ices - Cor	rporate Filings Team				!
		<u> </u>	(Firm/Company)			•	
206 E. 9	th St	., Suite l	300				· .
			(Address)			-	
Austin,	TX 7	8701-44	11				
	-		(City/State and Zip Coo	ie)		•	
For furth	ıcr in	formatio	n concerning this matter, p	olease call	:		I
				at		345-4647)	
		(Ner	ne of Person)		(Area Code &	Daytime Telephone Num	bjer)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			<u> </u>	
Enclose	d is a	check f	or the following amount:	:			
□ \$ 25 F	iling	Fee	☐ \$30 Filing Fee & Certificate of Status		Filing Fee & fied Copy	□ \$60 Filing Fee, Certificate of Stat Certified Copy	us &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FHF I AIC, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
July 17, 2017	
(Date registered with Florida Department of State)	
M17000006011	
(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: (If an effective date is listed, the date must be specific and cannot be prior to date of filing more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requires this date will not be listed as the document's effective date on the Department of State's recommendate with the date of authorized representative) (Signature of authorized representative)	r ents, ,
Scott L. Dalrymple, Sr. VP	
(Typed or printed name of signee)	

Filing Fee: \$25.00