

M17000001335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

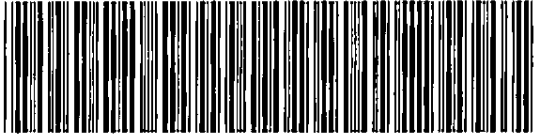
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

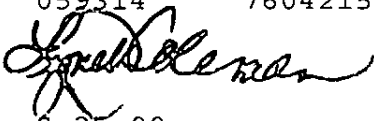


200308842152

18 FEB -5 AM 8:27

RECEIVED
2018 FEB -6 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 059314 7604215
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 6, 2018
ORDER TIME : 9:41 AM
ORDER NO. : 059314-010
CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: CH JACKSONVILLE FL LANDLORD,
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CH Jacksonville FL Landlord, 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:

Karen King

(Name of Person)

SunTrust Equity Funding, LLC

(Firm/Company)

3333 Peachtree Road, 10th Floor

(Address)

Atlanta, Georgia 30326

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen King

(Name of Person)

at (404) 439-7662

(Area Code & Daytime Telephone Number)

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

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

CH Jacksonville FL Landlord, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/25/2017

(Date registered with Florida Department of State)

M17000007335

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Allison McLeod

(Typed or printed name of signee)

18 FEB -5 AM 8:21

Filing Fee: \$25.00