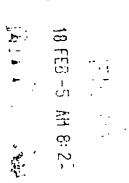
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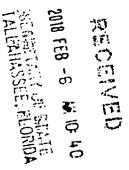
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(D					
(Document Number)					
Certified Copies Certificates of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 059314 AUTHORIZATION COST LIMIT : 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 XX PLAIN STAMPED COPY __ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

	egistration Division of	Section Corporations				
SUBJECT	r: CH J	CH Jacksonville FL Landlord, LLC				
		(Name of For	eign Limited Liabilit	y Company)		
Dear Sir o	r Madam:					
The enclos	sed withdra	awal and fee(s) are submitted	d for filing.			
Please reti	ırn ali corr	espondence concerning this	matter to the following	ng:		
Karen k	King					
		(Name of Person)		<u></u>		
SunTru	st Equit	y Funding, LLC				
		(Firm/Company)				
3333 P	eachtre	e Road, 10th Floor				
		(Address)				
Atlanta,	, Georgi	a 30326				
		(City/State and Zip Cod	e)	_		
For furthe	r informati	on concerning this matter, p	lease call:			
Karen H	King		404 at (439-7662		
	(N	ame of Person)		& 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 Fil	ing 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	10	_
(Florida Document Number)	ب. اثر اب ادر	ò
This limited liability company is withdrawing its certificate of authority in this state.	* : (ול
	,	<u></u>
	\$.	2:9
(Signature of authorized representative)		٠
Allison McLeod		
(Typed or printed name of signee)		

Filing Fee: \$25.00