

M18 0000097 36

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

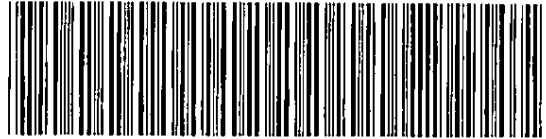
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN -4 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2024 JUN -4 AM 11:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



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: 06/04/24
Order #: 1523688-2
Re: FHI St. Augustine FL Landlord, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

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

I20000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

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TALLAHASSEE, FL

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: FHI St Augustine 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:

HASANA STANBERRY

(Name of Person)

TRUIST BANK

(Firm/Company)

214 N. TRYON STREET - 4TH FLOOR

(Address)

CHARLOTTE, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

HASANA STANBERRY

(Name of Person)

704

704-954-2614

at (_____) _____

(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

FILED
2024 JUN -11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FHI St Augustine FL Landlord, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

10/29/2018

(Date registered with Florida Department of State)

M18000009736

(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.

Hasana Stanberry

(Signature of authorized representative)

Hasana Stanberry on behalf STEF NLIP, LLC

(Typed or printed name of signee)

Filing Fee: \$25.00