

M18000010546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

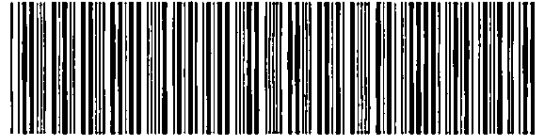
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LL  
Withdrawal

FILED  
2022 DEC -2 AM 10:25

2022 DEC -2 AM 11:24

A. RAMSEY  
DEC - 5 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 172678 7814304

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$25,000

ORDER DATE : December 1, 2022

ORDER TIME : 9:20 AM

ORDER NO. : 172678-085

CUSTOMER NO: 7814304

FOREIGN FILINGS

NAME: CH SS FUND-NUVO DEV PALM BEACH  
GARDENS RIVERSIDE, L.L.C.

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

FILED

2022 DEC -2 AM 10: 25

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

CH SS Fund-Nuvo Dev Palm Beach Gardens Riverside, L.L.C.

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

November 27, 2018

\_\_\_\_\_  
(Date registered with Florida Department of State)

M18000010546

\_\_\_\_\_  
(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.

By:



Gary Cardamone (Nov 30, 2022 12:17 EST)

\_\_\_\_\_  
(Signature of authorized representative)

Gary Cardamone, Manager of Nuvo Riverside, L.L.C., Manager of CH SS  
Fund-Nuvo Dev Palm Beach Gardens Riverside, L.L.C.

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**