

M19000006513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

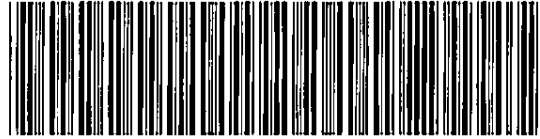
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
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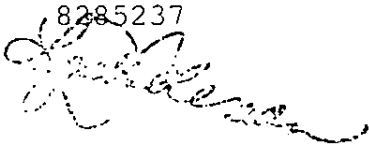
2025 MAY 19 AM 10:38

RECEIVED

2025 MAY 19 PM 3:58

CLERK OF THE COURT
HALL COUNTY, INDIANA

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

ACCOUNT NO. : I20000000195
REFERENCE : 934305 8285237
AUTHORIZATION : 
COST LIMIT : \$ 25.0

ORDER DATE : January 30, 2025
ORDER TIME : 2:05 PM
ORDER NO. : 934305-130
CUSTOMER NO: 8285237

FOREIGN FILINGS

NAME: LH 350 OCEAN MANAGER, 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: Shauna Godbolt - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LH 350 Ocean Manager, 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:

rachel murphy

(Name of Person)

life house

(Firm/Company)

110 e 25th st

(Address)

New York NY 10010

(City/State and Zip Code)

For further information concerning this matter, please call:

rachel murphy

(Name of Person)

414

3064131

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
2025 MAY 19 AM 10:38

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LH 350 Ocean Manager, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/09/2019

(Date registered with Florida Department of State)


M19000006573

(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.



(Signature of authorized representative)

Christopher Perre

(Typed or printed name of signee)

Filing Fee: \$25.00