

# M19000009323

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

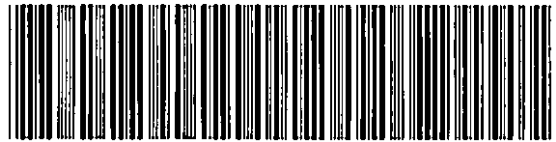
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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OCT 30 2020

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

ACCOUNT NO. : I20000000195  
REFERENCE : 490385 7814304  
AUTHORIZATION : *Lyndell Coleman*  
COST LIMIT : \$ 25.00

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ORDER DATE : October 28, 2020  
ORDER TIME : 10:30 AM  
ORDER NO. : 490385-005  
CUSTOMER NO: 7814304

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FOREIGN FILINGS

NAME: CH SS FUND-NUVO DEV ORLANDO  
BALDWIN PARK, 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: Amanda Robinson - EXT# 62968

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

09/26/2019 13

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CH SS Fund-Nuvo Dev Orlando Baldwin Park, L.L.C.

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

Delaware

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

September 26, 2019

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

M19000009323

\_\_\_\_\_  
(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)

my Gary Cardamone, Manager of NDP Baldwin, LLC, Manager of  
CH SS Fund-Nuvo Dev Orlando Baldwin Park, L.L.C.

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

**Filing Fee: \$25.00**