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(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:				

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1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 708186 5021613
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE : March 16, 2021
ORDER TIME : 11:02 AM
ORDER NO. : 708186-040
CUSTOMER NO: 5021613
<u>FOREIGN FILINGS</u> NAME: 512 NE HOLDINGS GP LLC
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

EXAMINER:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Registration Of	n Section Corporations		
	E Holdings GP LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the followin	g:
Kayla Lee			
-	(Name of Person)		_
c/o Wexford Capit	al LP		
· • ·	(Firm/Company)		-
677 Washington E	Blvd., Suite 500		
	(Address)		_
Stamford, CT 069	02		
	(City/State and Zip Cod	e)	-
For further informat	ion concerning this matter, p	olease call:	
Kayla Lee		203 at (862-7000
(N	ame of Person)		Daytime Telephone Number)
Division (P.O. Box	on Section of Corporations		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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

512 NE Holdin	gs GP LLC			
	(Name of limited liability company)			
Delaware				
	(Jurisdiction of its organization)			
October 3, 201	9			
	(Date registered with Florida Department of State)	<u> </u>		
M1900000947	2			
	(Florida Document Number)			_
This limited li	iability company is withdrawing its certificate of authority in this s	state.		
(If an effective more than 90 on Note: If the date of	e: if other than the date of filing: e date is listed, the date must be specific and cannot be prior to dat days after filing.) ate inserted in this block does not meet the applicable statutory filing to be listed as the document's effective date on the Department or	ng requi	ng or iremer	
	(Signature of authorized representative)	_	,/f.,	
	Arthur Amron, Authorized person	·		
	(Typed or printed name of signee)	- COSFE, FL	17 AH 9: 08	

Filing Fee: \$25.00