

M19000010983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

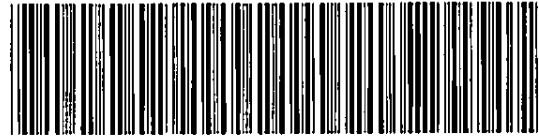
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 3 3:30 PM
TALLAHASSEE, FLORIDA
SEC. OF STATE

RECEIVED
2024 JAN -3 AM 11:22
TALLAHASSEE, FLORIDA
SEC. OF STATE

R. HUNT

01/03/24

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

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : 01/03/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

2024 JAN 3 PM 3:31
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: SABAL CHASE HH 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: ALEXIS WEILAND-SORENSEN

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sabal Chase HH LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

11/14/19

(Date registered with Florida Department of State)

M19000010983

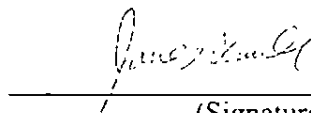
(Florida Document Number)

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)

James O'Connell

(Typed or printed name of signee)

Filing Fee: \$25.00