

M200000000061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

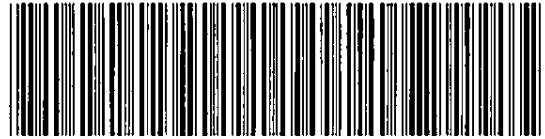
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600415969946

FILED

2023 DEC 11 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC 11 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/11/23  
Order #: 1330149-15  
Re: Commander HH LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal  
AUTH:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the word "AUTH:" and extends to the right.

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
I20000000195

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Commander HH 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:

Gabriella Camilleri

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

152 West 57th Street, 60th floor

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

New York, NY 10019

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 12, 2023

CSC

SUBJECT: COMMANDER HH LLC  
Ref. Number: M20000000061

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for COMMANDER HH LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Notice of Withdrawal must be signed.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 123A00028280

RECEIVED  
2023 DEC 13 AM 11:23  
REGULATORY SPECIALIST III  
TALLAHASSEE, FL 32314

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Commander HH LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

1/2/2020

(Date registered with Florida Department of State)

M20000000061

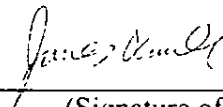
(Florida Document Number)

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)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2023 DEC 11 AM 9:54

FILED

Filing Fee: \$25.00