(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
	,	
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates o	of Status
	301111,001.00	
	·	
Special Instructions to F	iling Officer:	
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Office Use Only



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CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	Y
X	РНОТОСОРУ	
	CUS	
X	FILING	WITHDRAWL
A	LBANY ROAD-H	AMPTON OAKS LLC
	ORPORATE NAME AND E	
(C	ORPORATE NAME AND E	DOCUMENT #)
(C	ORPORATE NAME AND D	DOCUMENT #)
(C	ORPORATE NAME AND E	DOCUMENT #)
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10	ORPORATE NAME AND D	DOCUMENT 40
, (ORI ORATE NAME AND E	DOCOMENT#)
(C	ORPORATE NAME AND D	OOCUMENT #)

COVER LETTER

	istration S ision of C	oction orporations			
SUBJECT:	Albany F	Road-Hampton Oaks LLC	•		
(Name of Foreign Limited Liability Company)					
Dear Sir or M	Iadam:				
The enclosed	withdraw	al and fee(s) are submitte	ed for filing.		
Please return	all corres	pondence concerning this	matter to the following	ng:	
Kevin R. Bro	nnan				
		(Name of Person)		_	
Saul Ewing I	_LP				
		(Firm/Company)		_	
131 Dartmou	ith Street.	Suite 501			
		(Address)	-	_	
Boston, MA	02110				
		(City/State and Zip Cod	le)	_	
For further in	formation	concerning this matter, p	olease call:		
Kevin Brenns	an		617 at (894-7836	
	(Nam	e of Person)	(Area Code ,	Daytime Telephone Number)	
Reg Div P.O	ision of . Box 63	Section 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 fo	r 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

	Albany Road-Hampton Oaks LLC		
	(Name of limited liability company)	70.	25 2523
	Delaware	HIV.	
-	(Jurisdiction of its organization)	SS	- 1
	February 26, 2020		·
	(Date registered with Florida Department of State)	<u></u>	2 C
	M20000002226	orio,	PM 12: 13
	(Florida Document Number)	<u>></u>	
(If an effective d more than 90 day Note: If the date	f other than the date of filing: ate is listed, the date must be specific and cannot be prior to d ys after filing.) inserted in this block does not meet the applicable statutory f be listed as the document's effective date on the Department	iling require	or ements,
_	Ohni J. Kroly		
	(Signature of authorized representative)		
	Christopher J. Knisley	<u></u>	
	(Typed or printed name of signee)		

Filing Fee: \$25.00