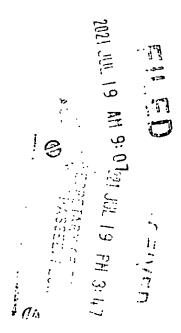
## M20000004028

(Ře	equestor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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CC Midharawal

> JUL 20 2021 ! ALBRITTON

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195		
	REFERENCE	:	9160108085387		
	AUTHORIZATION	:	Spelle Rear		
	COST LIMIT	:	\$ 55.00		
ORDER DATE : Ju	uly 19, 2021				
ORDER TIME :	2:33 PM				
ORDER NO. : 9	16010-010				
CUSTOMER NO:	8085387				
FOREIGN FILINGS					
NAME:	ABBHI HOSPITA	LITY	Y LLC		
	ARTNERSHIP IABILITY COMPANY	Y			

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

XXXX WITHDRAWAL/CANCELLATION

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

## **COVER LETTER**

TO: Registratio Division o	n Section f Corporations		
Abbh	i Hospitality LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:	:		
The enclosed withde	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Sankesh Abbhi			
	(Name of Person)		_
	(Firm/Company)		_
3119 Ponce de Le	eon Blvd. Unit C		
	(Address)		_
Coral Gables, FL	33134		
•	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	olease call:	
Carolina Lezama		305 at (	219-1053
(A)	lame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion 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	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		2
Abbhi Hospitalit	ty LLC	1021 July
	(Name of limited liability company)	
Delaware		19 A
	(Jurisdiction of its organization)	<del></del>
April 27th, 2020		9
	(Date registered with Florida Department of State)	<del>_</del>
M20000004028		
	(Florida Document Number)	<del> </del>
more than 90 d <b>Note:</b> If the da	date is listed, the date must be specific and cannot be prior to clays after filing.) te inserted in this block does not meet the applicable statutory to the listed as the document's effective date on the Department	Tiling requirements.
	Sankesh Abbbu (Jul 17, 207): 17,44 MOT)  (Signature of authorized representative)	<u>.                                    </u>
	Sankesh Abbhi	
	(Typed or printed name of signee)	

Filing Fee: \$25.00