

M20000004436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

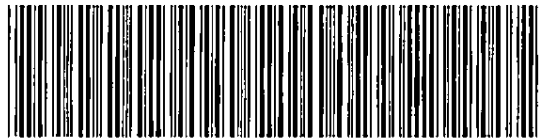
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800419579628

RECEIVED
DIVISION OF CORPORATIONS
2023 DEC 28 PM 12:40

Russ
1/3/24

RECEIVED
2023 DEC 28 AM 11:13
OFFICE OF THE CLERK
1001 MARKET STREET, SUITE 1000
SAN FRANCISCO, CA 94102

R. HUNT
12/28/23



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: 12/28/23
Order #: 1371816-11
Re: HF Lakeland FL Landlord, 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:'.

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

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.

2023 DEC 28 PM 12:40
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HF Lakeland FL Landlord, 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:

HASANA STANBERRY

(Name of Person)

TRUIST BANK

(Firm/Company)

214 N. TRYON STREET - 44TH FLOOR

(Address)

CHARLOTTE, NC 28210

(City/State and Zip Code)

For further information concerning this matter, please call:

HASANA STANBERRY 704 954-2614

(Name of Person) at () (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:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

1410
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 DEC 28 PM 12:40

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HF Lakeland FL Landlord, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

05/12/2020

(Date registered with Florida Department of State)

M20000004436

(Florida Document Number)

2020 DEC 28 PM 12:40
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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.

Hasana Stanberry
(Signature of authorized representative)

Hasana Stanberry

(Typed or printed name of signee)

Filing Fee: \$25.00