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(Requ	estor's Name)	
(Addre	ess)	
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(Oit) (f	N-1-7:- D #	
(City/s	State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing	Officer:	

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1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION : COST LIMIT : \$ 25.0 ORDER DATE : 02/29/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: FOREIGN FILINGS NAME: HSRE-LUSS | TRS, LLC CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY

EXAMINER:

CORPORATION SERVICE COMPANY

_ PLAIN STAMPED COPY _ CERTIFICATE OF STATUS

CONTACT PERSON: shauna godbolt

COVER LETTER

	tion Section of Corporations		
HS SUBJECT:	RE-LUSS I TRS, LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Mada	m:		
The enclosed with	hdrawal and fee(s) are submitte	d for filing.	
Please return all c	correspondence concerning this	matter to the following	g:
Lisa Gillespie			
	(Name of Person)		_
DLA Piper LLP	(US)		
	(Firm/Company)		_
444 W. Lake St	reet Suite 900		
	(Address)		_
Chicago, IL 606	606		
	(City/State and Zip Coo	e)	-
For further inform	nation concerning this matter, p	olease call:	
Lisa Gillespie		312 at (368-3408
	(Name of Person)	(Area Code a	& Daytime Telephone Number)
Registr Divisio P.O. Bo	Address: ation Section on of Corporations ox 6327 assee, 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 che	ck 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HSRE-LUSS	TRS, LLC			
-	(Name of limited liability company)			
Delaware				
	(Jurisdiction of its organization)	· · · ·		
June 4, 2020				
	(Date registered with Florida Department of State)			
M2000000500	00			
	(Florida Document Number)			
This limited	liability company is withdrawing its certificate of authority in the	nis state.		
more than 90 Note: If the c	Mild Helds	filing req	uirem	ents,
	(Signature of authorized representative)			
	Michael Gershowitz	TAL	2024	
	(Typed or printed name of signee)	LALIANY OF STATE LAHASSEE, FLORID	2024 FEB 29 AM 10: 45	

Filing Fee: \$25.00