M200006011

(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:				
J DENNIS				
JUL 2 8 2023				

_



2023 JUL 27 AM 9: 37



Office Use Only

COVER LETTER

TO: **Registration Section** Division of Corporations

Hill Street Properties, LLC

SUBJECT:

2

(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:

Ali Klaben

(Name of Person)

Raider Hill Advisors

(Firm/Company)

757 Third Avenue, 15th Floor

(Address)

New York, NY 10017

(City/State and Zip Code)

For further information concerning this matter, please call:

Ali Klaben

(Name of Person)

212 223-9090

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 &	🗍\$55 Filing Fee &	🖾 \$60 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
			Certified Copy

and the second sec

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
07/08/2020		
	(Date registered with Florida Department of State)	
M20000006011		
	(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.

Chma	
(Signature of a	authorized representative)

Joseph M Tichar

(Typed or printed name of signee)

123 JUL 27

AM 9: 3