M2000000 8444

(Req	uestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

___ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 189661 7814304
AUTHORIZATION :
COST LIMIT : \$ 25.0
ORDER DATE : December 12, 2023
ORDER TIME : 9:18 AM
ORDER NO. : 189661-110
CUSTOMER NO: 7814304
FOREIGN FILINGS
NAME: CH REALTY IX-PREISS SH TALLAHASSEE QUANTUM GP, L.L.C.
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations CH REALTY IX-PREISS SH TALLAHASSEE QUANTUM GP, L.L.C. SUBJECT: (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: Denise Cottle (Name of Person) Crow Holdings Capital Partners, L.L.C. (Firm/Company) 3819 Maple Avenue (Address) Dallas, Texas 75219 (City/State and Zip Code) For further information concerning this matter, please call: Denise Cottle (Name of Person) (Area Code & Daytime Telephone Number) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:

□\$55 Filing Fee &

Certified Copy

□ \$60 Filing Fee.

Certified Copy

Certificate of Status &

□\$25 Filing Fee

□ \$30 Filing Fee &

Certificate of Status

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CH REALTY IX	K-PREISS SH TALLAHASSEE QUANTUM GP, L.L.C.	
	(Name of limited liability company)	
DE		
	(Jurisdiction of its organization)	
SEPTEMBER 2	28, 2020	
	(Date registered with Florida Department of State)	
M20000008444	4	
	(Florida Document Number)	
This limited lia	ability company is withdrawing its certificate of authority in this	state.
(If an effective	e, if other than the date of filing: 12/31/2023 e date is listed, the date must be specific and cannot be prior to da days after filing.)	(optional) te of filing or
Note: If the da	ate inserted in this block does not meet the applicable statutory file not be listed as the document's effective date on the Department of	of State's records.
	Dome P Prein	FILE DEC 20
	(Signature of authorized representative)	PHI2:
	Donna Preiss, Authorized Signatory of Preiss - TS Quantum, LLC, m	anafol Piess - TS ua ntem GP, LLC, manager
	(Typed or printed name of signee)	duntam or , DEO, manager

Filing Fee: \$25.00