11120000008721

	(Requestor's Name)	
•		
	/A d al-a-a-a	
•	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	·	
	(Business Entity Name)	
	(Document Number)	
	(,	
Certified Copies	Certificates of S	Status
Special Instructions to	Filing Officer:	





700395946877

2022 OCT 13 PH 3: 24

PROCT 13 PHIZ: 42 WA

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 026131 AUTHORIZATION COST LIMIT ORDER DATE: October 13, 2022 ORDER TIME : 2:50 PM ORDER NO. : 026131-010 CUSTOMER NO: 7882647 FOREIGN FILINGS NAME: ALLIANCE HP LAKESIDE LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Registra Divisior	ition Section of Corporations		
ALI SUBJECT:	LIANCE HP LAKESIDE LI	.c	
	(Name of I	oreign Limited Liabil	ity Company)
Dear Sir or Mada	m:		
The enclosed with	ndrawal and fee(s) are submi	tted for filing.	
Please return all c	orrespondence concerning th	nis matter to the follow	ing:
FRANK ZAZZEJ	W		
	(Name of Person)		_
ALLIANCE HP			
	(Firm/Company)		
40 MORRIS AVE	, SUITE 230		
	(Address)		
BRYN MAWR, P.	A 19010		
	(City/State and Zip Co	de)	-
For further informa	tion concerning this matter,	please call:	
FRANK ZAZZER.	۸	484	362-2698
(;	Name of Person)	at (at Code	& 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	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALLIANCE HP LAKESIDE LLC	₹ · • •
(Name of limited liability company)	
DELAWARE	
Qurisdiction of its and	
(Jurisdiction of its organization)	m _c
10/05/2020	<u> </u>
(Date registered with Florida Department of State)	
M20000008721	D 42
(Florida Document Number)	N
This limited liability company is withdrawing its certificate of authority in	. al Company
	o uus 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 nore than 90 days after filing.)	to date of filing or
Note: If the date inserted in this block does not meet the applicable statuto	611
his date will not be listed as the document's effective date on the Department	ory filing requirements,
beparti	ient of State's records.
1	
Tran Jam	
(Signature of authorized representative)	
FRANK ZAZZERA	
(Typed or printed name of signee)	

Filing Fee: \$25.00