## M22000012048

(Re	questor's Name)		
(Ad	dress)		
(//2	41033)		
(Address)			
(Cil	ty/State/Zip/Phone	#)	
(3)	,	•	
PICK-UP	☐ WAIT	MAIL	
	usiness Entity Nam	ne)	
(60	zameda Emity Hun	,	
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Certified Copies			
Special Instructions to	Filing Officer:		
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Office Use Only



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N. ALEMMASULE FLORIDA

THOM KID

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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/18/24 Order #: 1532023-2

Re: Mhh Titusville Operating, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: real to

12000000195

AUTH

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.

## **COVER LETTER**

Division o	on Section of Corporations		
MHH SUBJECT:	TITUSVILLE OPERATIN	G, LLC	
	(Name of Fo	reign Limited Liability	y Company)
Dear Sir or Madam	;		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	s matter to the following	ng:
SUSANNE JOSL	IN		
	(Name of Person)		_
DAVIS GRAHAM	& STUBBS LLP		
<del> </del>	(Firm/Company)	-	_
1550 17TH STRE	EET, SUITE 500		
	(Address)		<del></del>
DENVER, CO 80	202		
	(City/State and Zip Cod	le)	-
For further informat	tion concerning this matter, p	olease call:	
SUSANNE JOSL	IN	303 at (	892-7593
(2)	Same of Person)		& 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	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MHH TITUSVILL	E OPERATING, LLC			
	(Name of limited liability company)			_
DELAWARE				
	(Jurisdiction of its organization)			_
AUGUST 2, 202	2			
	(Date registered with Florida Department of State)	_		_
M22000012048				
	(Florida Document Number)	<del></del>		<del></del>
This limited lial	bility company is withdrawing its certificate of authority in this s	itale.		
(If an effective more than 90 da Note: If the dat	if other than the date of filing:  date is listed, the date must be specific and cannot be prior to date ays after filing.)  e inserted in this block does not meet the applicable statutory filing be listed as the document's effective date on the Department of	ing requi	ng or irement	
-	(Signature of authorized representative)  MIKE WILBERT  (Typed or printed name of signee)	TĂĹĹÁHASSEÉ, FLŐRÍÐA	2024 JUN 19 AM 9: 28	TITIO

Filing Fee: \$25.00