

(Requestor's Name)				
(Address)				
(Address)				
(Addless)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certificates di Status				
Special Instructions to Filing Officer:				

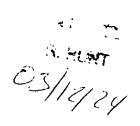




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03/12/24--01012--011 **55.00





COVER LETTER

TO: Registration Division of C				
	JARTER LLC			
SUBJECT:	(Name of Forei	gn Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitted	for filing.		
Please return all corre	espondence concerning this n	natter to the following	:	
RimonZiada				
-	(Name of Person)		-	
ThompsonHospitality	yServicesLLC			
	(Firm/Company)		-	
1741BusinessCenterDriveSuite200				
-	(Address)		_	
Reston,VA20190				- ;
	(City/State and Zip Code)	_	
For further informati	on concerning this matter, pl	ease call:		-; <u>-</u>
RimonZiada		703 at (757-5500	
(N:	ame of Person)		E 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 & Certificate of Status	■\$55 Filing Fee & Certified Copy	□ \$60 Filing Fo Certificate of Certified Co	f Status &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HENQUARTERLLC	
(Name of limited liability company)	
DELAWARE	
(Jurisdiction of its organization)	
03/24/2023	
(Date registered with Florida Department of State)	
M23000003935	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this st	ate.
Effective Date, if other than the date of filing:	ng requirements,
Rimon Ziada (Signature of authorized representative)	
RimonZiada (Typed or printed name of signee)	
(1) product of digital)	<u>. i</u>

Filing Fee: \$25.00