## M2400009410

(Requestor's Name)
(Address)
(Address)
(riddiess)
(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 Mil 1204

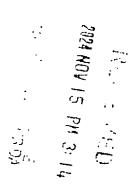
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200439053382

SECRETARY OF STATE

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Enclosed is a check for the following amount:

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	NH Operator Holdings IX LLC	
PODIL	(Name of Foreig	n Limited Liability Company)
Dear Si	r or Madam:	
	closed withdrawal and fee(s) are submitted f	or filing.
Please	return all correspondence concerning this ma	atter to the following:
	(Name of Person)	
	·	
	(Firm/Company)	
	(Address)	
	(0. 12. (2.1)	<del></del>
	(City/State and Zip Code)	
For fur	ther information concerning this matter, ple-	ase call:
		at ()  (Area Code & Dayrime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
	Mailing Address: Registration Section	Street Address: 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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NH Operator	Holdings IX LLC	
	(Name of limited liability company)	·
DE		. 2
	(Jurisdiction of its organization)	2024 NOV
07/22/2024		
	(Date registered with Florida Department of State)	्रीच् ज
M240000094	110	
	(Florida Document Number)	9: 4.0 04: 5
This limited	liability company is withdrawing its certificate of authority in this	s state.
(If an effecti more than 90 <b>Note:</b> If the	ite, if other than the date of filing:	filing requirements,
	Signed by:  Gerry-Lynn Stour  ADBABASEAGUEATI  (Signature of authorized representative)	
	Gerry-Lynn Stohr	
	(Typed or printed name of signee)	

WD-10312

Filing Fee: \$25.00