

MI5000009330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

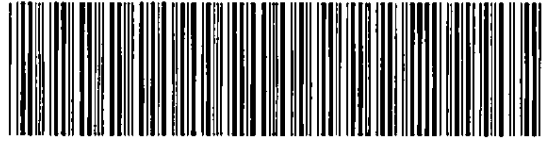
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JUN 17 AM 11:54 2024 JUN 17 PM 3:30
SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : WD-7015/1
AUTHORIZATION : *Capital 12/20*
COST LIMIT : \$ 25.00

ORDER DATE : 06/17/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

FOREIGN FILINGS

NAME: HSRE-StoreSmart II TRS, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: AMANDA MILLER

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HSRE-StoreSmart II TRS, LLC

(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:

Lisa Gillespie

(Name of Person)

DLA Piper LLP (US)

(Firm/Company)

444 W. Lake Street Suite 900

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Gillespie 312 368-3408

(Name of Person) at () _____
(Area Code & 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 Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HSRE-StoreSmart II TRS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/19/2015

(Date registered with Florida Department of State)

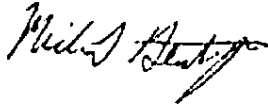
M1500009330

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this 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 to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Michael Gershowitz

(Typed or printed name of signee)

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2024 JUN 17 AM 11:54
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00