A23917

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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(Document Number)				
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SECRETARY OF STATE
TALLAMASSIF FLORIDA

N. Summan DEC 1 6 2014

COVER LETTER

TO: Registration Division of C					
SUBJECT:	CBM ONE HOTE	ELS LP			
	Foreign Limited Partnersh	ip or Limited Liability Lin	nited Partnership)		
The enclosed Notice	of Cancellation and for	ee(s) are submitted for	filing.		
Please return all corr	espondence concernir	ng this matter to:			
,					
Julia M. Fuson					
	(Contact Person)				
Clarion Partners					
	(Firm/Company)				
1717 McKinney Avenue, Suite 1900					
	(Address)				
Dallas, TX 75202					
(City, State and Zip Code)				
For further information concerning this matter, please call:					
Julia M. Fuson		at (214) 77	5-7611		
(Name of Cont	act Person)		Daytime Telephone Number)		
Enclosed is a check for the following amount:					
S52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	S105.00 Filing Fee and Certified Copy	S113.75 Filing Fee, Certified Copy, and Certificate of Status		
STREET ADDRESS:		MAILING	ADDRESS:		
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
Clifton Building 2661 Executive Center Circle		P. O. Box 6327 Tallahassee, FL 32314			
Tallahassee, FL 323		, ununussee	, , , ,		

FILED

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR

2014 DEC 10 PH 4: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED LIABILITY LIMITED PARTNERSHIP

CBM	1 ONE HOTELS LP			
(Name of limited partn	ership or limited liability limited partnership)			
	Delaware			
(Jurisdiction of formation)				
	12/23/1986			
(Date authori	zed to transact business in Florida)			
	imited liability limited partnership is no longer wishes to cancel its certificate of authority pursuant to			
This entity appoints the Florida Deprights of action arising out of the tra	partment of State as its agent for service of process for insaction of business in this state.			
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	of filing: than 90 days after the date this document is filed by the Florida			
Signature of a general partner:				
Show Non				
Typed or printed name:				
John M. Norris, VP of CBM C	One LLC, general pultrer			
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75			