## F01000005765

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: PACIFICA HOSPITALITY GROUP, INC.			
(Name of Corporation)			
DOCUMENT NUMBER: F01000005765			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Dawn Hummer			
(Name of Person)			
Pacifica Companies			
(Firm/Company)			
1785 Hancock St., Ste. 100			
(Address)			
San Diego, CA 92110			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Dawn Hummer at ( 619 ) 296-9000 x105			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN LORIDA

PACIFICA HOSPITALITY GROUP, IN	C.
(Name of Corporation	on) SEEE, FLORESTA
f01000005765	ूर्च <u>।</u>
(Document Number of Corporat	ion (if known)
NEVADA	
(Incorporated Under La	iws of)
This corporation is no longer transacting business or conductir voluntarily surrenders its authority to transact business or conductions.	-
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proc time it was authorized to transact business or conduct affairs in	eess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
1785 Hancock Street, Suite 100	•
(Mailing Address)	
San Diego, CA 92110	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.
(Signature of A Virector, president or other officer - if in the hands of a Virectiver or other court appointed fiduciary, by that fiduciary)	(Date)
Deepak Israni	Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**