

F04000004387

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000039130 3)))



H090000391303ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6380

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

FILED  
09 FEB 19 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2009 FEB 19 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DISSOLUTION OR WITHDRAWAL  
CNL RESORT CLAREMONT TENANT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

Withdrawal

2-19-09

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

CNL Resort Claremont Tenant Corp.  
(Name of Corporation)

F04000004387  
(Document Number of Corporation (if known))

Delaware  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.


This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

One Post Office Square, Suite 3100  
(Mailing Address)

Boston, MA 02109  
(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 director, president or other officer - if in the hands of a  
recipient or other court appointed fiduciary, by that fiduciary)

John P. Buza  
(Typed or printed name of person signing)

9/30/08  
(Date)

Vice President  
(Title of person signing)

FILING FEE \$35

09 FEB 19 PM 4:20  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA