M1100000 1860

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
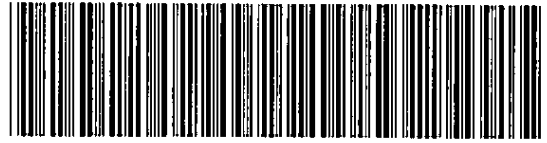(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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2019 MAY -7 P 1:31

FILED

T. LENNOX

MAY - 7 2019

COVER LETTER

TO: Registration Section
        Division of Corporations

        Hoosiers Owner LLC
SUBJECT: _____
                    (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:

Andrew Dittamo
_____
                (Name of Person)

Pebblebrook Hotels
_____
                (Firm/Company)

7315 Wisconsin Ave 1100W
_____
                (Address)

Bethesda, MD 20814
_____
            (City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Dittamo   240   507-1352
_____ at (_____) _____
        (Name of Person)   (Area Code & Daytime Telephone Number)

        STREET/COURIER ADDRESS: MAILING ADDRESS:
        Registration Section   Registration Section
        Division of Corporations   Division of Corporations
        Clifton Building   P.O. Box 6327
        2661 Executive Center Circle   Tallahassee, Florida 32314
        Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☒ $25 Filing Fee   ☐ $30 Filing Fee &   ☐ $55 Filing Fee &   ☐ $60 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                                          Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hoosiers Owner LLC

_____
(Name of limited liability company)

Delaware

_____
(Jurisdiction of its organization)

April 13, 2011
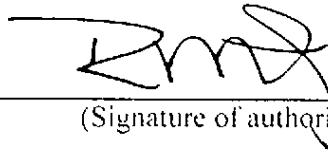
_____
(Date registered with Florida Department of State)

M11000001860

_____
(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)

Raymond D Martz

_____
(Typed or printed name of signee)

Filing Fee: $25.00