Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

.

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL **FHR TB LLC**

| Certificate of Status | 0 |
|-----------------------|---------|
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JAN - 5 2015

COVER LETTER

| TO: | Registration of | on Section f Corporations | | | |
|--|-----------------|--|---|---------------------------------------|---|
| SUBJEC | | TB LLC | | | |
| | | (Name of Fore | eign Limited Lie | bility Cor | npany) |
| | | | | | |
| Dear Sir | or Madam | : | | | |
| The enci | losed withd | rawal and fee(s) are submitted | i for filing. | | |
| Please re | etum ail co | rrespondence concerning this | matter to the fol | lowing: | |
| Denise | M, Kerschl | nacki, Paralegal | | | |
| | | (Name of Person) | | | |
| Sidley A | Austin LLF | | | | |
| | | (Firm/Company) | | · · · · · · · · · · · · · · · · · · · | |
| One So | uth Dearbo | m, 30th Floor | | | |
| | | (Address) | | | |
| Chicago | o, IL 6060 | 3 | | | |
| | | (City/State and Zip Cod | c) | | |
| For furt | her inform | ntion concerning this matter, p | lease call: | | |
| Deniso | M. Kersch | hackl | 312 _at (| | 853-7297 |
| | (| Name of Person) | | | aytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enclose | ed is a che | ck for the following amount: | : | | |
| Q \$25 | Filing Fee | S30 Filing Fee & Certificate of Status | S55 Filing Certified C | | □ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| PHR TB LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 12/19/2003 |
| (Date registered with Florida Department of State) |
| M03000004246 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) Paula A. McMullan, Authorized Person |
| (Typed or printed name of signee) |

Filing Fec: \$25.00

