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To:  
 Division of Corporations  
 Fax Number : (850) 617-6383

From:  
 Account Name : TRIAD PROFESSIONAL SERVICES  
 Account Number : I20160000008  
 Phone : (850) 777-2091  
 Fax Number : (770) 220-1943

**LLC DISSOLUTION OR WITHDRAWAL  
 DIAMONDRock ORLANDO AIRPORT OWNER, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$55.00 |

2017 MAY 17 PM 1:00

ALLAHASSI, FLORIDA

17 MAY 17 AM 9:00

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MAY 18 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIAMONDROCK ORLANDO AIRPORT OWNER, LLC

(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:

Sharon K. Gray

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray

(Name of Person)

at 770 777-2091

(Area Code & Daytime 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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**DIAMONDROCK ORLANDO AIRPORT OWNER, LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

**10/19/2005**

(Date registered with Florida Department of State)

**M05000005869**

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

**William J. Tennis**

(Typed or printed name of signee)

17 MAY 17 AM 9:00

**Filing Fee: \$25.00**