Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: TRIAD PROFESSIONAL SERVICES

Account Number : 120160000008

: (850)777-2091

Phone Fax Number

: (770)220-1943

## LLC DISSOLUTION OR WITHDRAWAL DIAMONDROCK ORLANDO AIRPORT OWNER, LLC

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## COVER LETTER

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	gistration . ivision of C	Section Corporations					
SUBJECT	DIAMO	DIAMONDROCK ORLANDO AIRPORT OWNER, LLC					
SCHOLET		(Name of For	eign Limited Lia	bility C	ompany)		
Dear Sir or	Madam:						
The enclose	ed withdra	wal and fee(s) are submitted	for filing.				
Please retui	rn all corre	spondence concerning this	matter to the foll	owing:			
Sharon	K. Gray						
		(Name of Person)					
Triad Pr	ofession	al Services					
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)					
1720 W	indward	Concourse, Ste. 390	)				
	<del></del>	(Address)					
Alphare	tta, GA	30005					
<del></del>		(City/State and Zip Cod	e)	*			
Por further	informatic	n concerning this matter, p	lease call:				
Sharon	K. Gray		770		777-2091		
	(Nu	ne of Person)		Code &	Daytime Telephone Number)		
R D C 26	egistration ivision of C lifton Build 561 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Cotporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed i	s n check t	or the following amount:					
<b>□ \$2</b> 5 Fiti	ng Fec	Certificate of Status	2 \$55 Filing P Certified Co		☐ \$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.
Willed I
(Signature of authorized representative)
William J. Tennis
(Typed or printed name of signee)

Filing Fee: \$25.00

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