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_ (Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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McKibbon Hotel Group, Inc 402 Washington Street SE, Suite 200 Gainesville, Georgia 30501 (p) 770 534.3381 (f) 770 532 3995 www.mckibbon.com

February 1, 2016

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Cancellation of Foreign Limited Partnerships

Dear Sir or Madam,

Enclosed please find the following documents necessary for four (4) foreign limited partnership's, namely McKibbon Hotel Group of Tampa-Westshore, Florida, L.P., MHG Pensacola SP, L.P., McKibbon Hotel Group of Fort Myers, Florida, L.P. and McKibbon Hotel Group for Tampa, Florida #3, L.P. (collectively the "Partnerships") to cancel their certificate of authority to conduct business in Florida:

- 1. Cover Letter for the Partnerships;
- 2. Notice of Cancellation for Foreign Limited Partnership; and
- 3. Combined check for all four (4) Partnerships for the filing fee and Certificate of Status of \$61.25 each (one check enclosed in the amount of \$245.00 4 x \$61.25).

Please let me know if you need anything further from me in order to complete the cancellation. I can be reached at (770) 906-9284. Thanks in advance for your assistance and cooperation with this matter.

Very truly yours,

James M. Coyle, General Counsel

COVER LETTER

TO:

Registration Section

Division of Corporations SUBJECT: McKibbon Hotel Group of Tampa-Westshore, Florida, L.P. (Name of Foreign Limited Partnership or Limited Liability Limited Partnership) The enclosed Notice of Cancellation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: James M. Coyle, General Counsel (Contact Person) McKibbon Hotel Group, Inc. (Firm/Company) 402 Washington Street SE, Suite 200 (Address) Gainesville, GA 30501 (City, State and Zip Code) For further information concerning this matter, please call: James M. Coyle (Name of Contact Person) (Area Code and Daytime Telephone Number) Enclosed is a check for the following amount: \$52.50 Filing Fee \$61.25 Filing Fee \$105.00 Filing Fee ☐ \$113.75 Filing Fee, and Certificate of and Certified Copy Certified Copy, and Status Certificate of Status STREET ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations** Division of Corporations Clifton Building P. O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

McKibbon Ho	tel Group of Tampa-Westshore, Florida, L.P.	
4)	lame of foreign limited partnership or limited liability limited partnership)	
B000000000	188	
	(Florida Document Number of the Foreign LP or LLLP)	_
Georgia		
	(Jurisdiction of formation)	_
01/22/2002		

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer

transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: December 31, 2015 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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 a general partner:

Typed or printed name:

David J. Hughs, President

Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional):

\$8.75