

1999-01-01

00:00

407-540-2702

CFL HOSPITALITY

P 5/3

Division of Corporations

Page 1 of 1

B01 0000000 298

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000095468 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CNT. HOTELS & RESORTS, INC.

Account Number : T20050000020

Phone : (407) 650-1549

Fax Number : (407) 540-2702

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 AM 9:17

FILED

RECEIVED

06 APR 17 PM 12:36

DIVISION OF CORPORATION

DISS/TERM/CANCEL/REV OF LP/LLP**CHH MIAMI PARTNERSHIP, LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

Electronic Filing Menu

Corporate Filing Menu

Help

1999-01-01

00:00

407-540-2702

CNL HOSPITALITY

P 6/8

H06000095468 3

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

CHH Miami Partnership, LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

08/30/2001

(Date authorized to transact business in Florida)

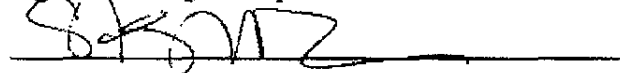
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

By: CHH Miami Parent, LLC as General Partner

By: Stephanie J. Thomas, Assistant Secretary

Filing Fee: \$52.50

Certified Copy (optional): \$52.50

Certificate of Status (optional): \$8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 17 AM 9:17

FILED