Florida Department of State

Division of Corporations 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.

(((H16000027365 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)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone: (850) 205-8842 Phone

Fax Number

DISS/TERM/CANCEL/REV OF LP/LLP PILLAR HOTELS AND RESORTS, L.P.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$52.50 |

*Please File

Electronic Filing Menu Corporate Filing Menu

FEB 0 3 2016

2/2/2016 11:51:38 AM From: To: 8506176383(2/3)

COVER LETTER

| | egistration ivision of C | Section Corporations | | | |
|--|-----------------------------|---|-----------------------------------|---------|---|
| SUBJEC | | tels and Resorts, L.P. Foreign Limited Partnershi | ip or Limited Liability | Limit | ed Partnership) |
| The enck | osed Notice | of Cancellation and f | ee(s) are submitted | d for f | filing. |
| Please re | turn all corr | espondence concernir | ng this matter to: | | |
| | | (Contact Person) | | | |
| | | (Firm/Company) | | | |
| | | (Address) | | | |
| | { | City, State and Zip Code) | | | |
| For furth | er informat | ion concerning this m | atter, please call: | | |
| | | | at (|) | aytime Telephone Number) |
| (1 | Name of Cont | act Person) | (Area Code | and Da | aytime Telephone Number) |
| Enclosed | is a check | for the following amo | unt: | | |
| \$52.50 1 | Filing Fee | \$61,25 Filing Fee and Certificate of Status | \$105.00 Filing and Certified Cop | | S113.75 Filing Fee, Certified Copy, and Certificate of Status |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building | | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 | | | |
| 2661 Executive Center Circle Tallahassee, FL 32301 | | Tallahassee, FL 32314 | | | |

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

| Pillar l | Hotels and Resort | ts, L.P. |
|---|---------------------------------|--|
| (Name of limited partner | ship or limited li | ability limited partnership) |
| | × | |
| | Delaware | |
| (Jur | isdiction of form | ation) |
| | 2/5/2008 | |
| (Date authoriz | ed to transact bus | iness in Florida) |
| This foreign limited partnership or litransacting business in Florida and ws. 620.1907, F.S. | | limited partnership is no longer lits certificate of authority pursuant to |
| This entity appoints the Florida Depa rights of action arising out of the tran | | e as its agent for service of process for iness in this state. |
| Effective date, if other than the date (Effective date cannot be prior to nor more in Department of State.) | of filing: han 90 days after | the date this document is filed by the Florida |
| Signature of a general partner. | | _ |
| Typed or printed name: | | Manager signing on behalf of General Partner PILLAR HOTELS AND RESORTS GEN-PAR LLC |
| Carson Russell III | | |
| Filing Fee: Certified Copy (optional): Certificate of Status (optional): | \$52.50 \$52.50 \$8.75 | . 28 |