

D070000000007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

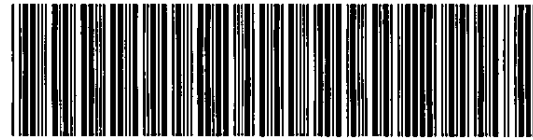
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

16 SEP 22 PM 1:20

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Withdrawal

OCT 06 2016

D CONNELL



Suite 200
1800 West Pasewalk Avenue
Norfolk, NE 68701
(402) 371-2520
(402) 371-4229 Fax
www.condorhospitality.com

September 20, 2016

TO: Secretary of State
Corporations Division

RE: SUPETEL HOSPITALITY REIT TRUST

Enclosed you will find the completed form for the withdrawal of SUPETEL HOSPITALITY REIT TRUST, a Maryland Declaration of Trust which wishes to withdraw its authority to transact Business in the State of Florida. We have enclosed a check representing payment of the required filing fees.

Please call me at 402-316-1003 or email me at pmorland@trustcondor.com, if you have any questions or require any additional information to process the withdrawal.

Sincerely,

Patricia Morland, Treasurer

**APPLICATION BY FOREIGN BUSINESS TRUST FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

SUPERTEL HOSPITALITY REIT TRUST

(Name of Business Trust)

D07000000007

(Document Number of Business Trust, if known)

MARYLAND

(Organized Under Laws of)

This business trust is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This business trust revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the business trust:

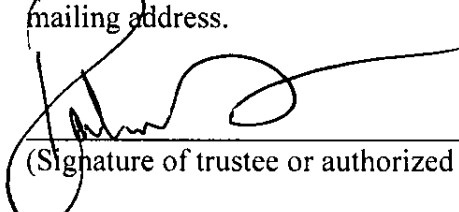
1800 WEST PASEWALK AVENUE, SUITE 200

(Mailing Address)

NORFOLK, NE 68701

(City/State/Zip)

The business trust agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of trustee or authorized officer)

September 20, 2010.

(Date)

PATRICIA M. MORLAND

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA