PP00000091

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	D WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

FILED

Ju- 0.8 2020



Filing Cover Sheet

To: Florida Division of Corporations	
From: TAYLOR SEAY C/O Capitol Services, Inc.	
Date: 7/7/2020	
Trans#: 1133929	
(Entity Name: CITRUS PARK HOTEL DST - D1900000	<u>0047</u> (_)
Articles Incorporation ()	Articles of Amendment ()
Articles of Dissolution ()	Annual Report ()
Conversion ()	Fictitious Name ()
Foreign Qualification ()	Limited Liability ()
Limited Partnership ()	Merger ()
Reinstatement ()	Withdrawal / Cancellation (XX)
Other ()	
STATE FEES PREPAID WITH CHECK#1852 FOR \$43.75	<u>'</u>
PLEASE RETURN:	
Certified Copy (XX) Plain Photocopy ()

Phone: 855-498-5500

Good Standing () Certificate of Fact ()

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

Citrus Park Hotel DST	
(Name of Foreign Trust))
D1900000047	
(Document Number of Foreign Trus	st (if known)
Delaware	!
(Incorporated Under Laws of	of)
This foreign trust is no longer transacting business or conducting hereby voluntarily surrenders its authority to transact business or c. This foreign trust revokes the authority of its registered agent and appoints the Department of State as its agent for service of	onduct affairs in Florida. in Florida to accept services its behalf
during the time it was authorized to transact business or conduct at	ffairs in Florida.
The following is a current mailing address for the foreign trust:	SAN - M
1201 N. Orange St., Suite 704	Y OF S
(Mailing Address)	
Wilmington, DE 19801	·
(City/ State /Zip)	
The foreign trust agrees to notify the Department of State in the fu	ture of any change in its mailing address.
	7/6/2020
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Chris Sorensen	Manager of Sorensen Entity Services LLC, trustee
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35