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(Requestor's Name) (Address)	200290988012
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	ENEED 2011 OCT - 6 AM 9: 09 SCREENRY OF STATE CLANASSEE FLORE
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	RP C/O SUNSHINE CORPORATE 58 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell) Date: $0-6-6$ ACCT. 120160000072
Name:	Parkway Orlando Manager Int
Document #:	
Order #:	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Apostille/Notarial Certification:	Alease file St Country of Destination: Number of Certs: Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 43.75

Thank you!

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COVER LETTER

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TO:	Amendment Section
	Division of Corporations

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SUBJECT: _____ Parkway Orlando Manager, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

The enclosed withdrawal application and fee are submitted for filing.

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Please return all correspondence concerning this matter to the following:

	Elizabeth M. Hamelin	
		(Name of Person)
	Hogan Lovells US LLP	
		(Firm/Company)
	555 13th Street, NW	
		(Address)
	Washington, DC 20004	
	(0	City/State and Zip code)
For furt Beth Ha	ther information concerning this mat	tter, please call: at ()
· · · ·	(Name of Person) ed is a check for the amount: Filing Fee \$43.75 Filing Fee &	(Area Code & Daytime Telephone Number)
[] \$33	Certificate of Status	Certified CopyCertificate of Status & Certified(Additional copy isCopy (Additional copy is enclosed)Enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

· 1

Parkway Orlando Manager, Inc.

(Name of Corporation)

F0300000505

2.5 .

(Document Number of Corporation (if known)

Delaware

(Incorporated Under Laws of)

This corporation 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 corporation 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. 5

The following is a current mailing address for the corporation:		0CT - 6	रा इन्ह
390 N. Orange Avenue, Suite 2400	ARY O	-	Ē
(Mailing Address)		⊐≍	D
Orlando, FL 32801		60	

(City/ State /Zip)

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

October 5, 2016

(Date)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

A. Noni Holmes-Kidd

(Typed or printed name of person signing)

Vice President and Senior Counsel

(Title of person signing)

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FILING FEE \$35