

F030000001197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

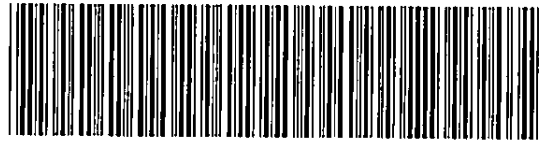
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. HUNT

04/25/24



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/25/2024

Name: Patrice Rush

Reference #: 2340298

Entity Name: RADISSON HOSPITALITY, INC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

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TALLAHASSEE, FL
ED

Authorized Amount: \$35.00

Signature: 

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

Radisson Hospitality, Inc.

(Name of Corporation)

F03000001197

(Document Number of Corporation (if known))

Minnesota

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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.

The following is a current mailing address for the corporation:

915 Meeting Street, Suite 600

(Mailing Address)

North Bethesda, MD 20852

(City/ State /Zip)

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DEPT OF STATE
TALLAHASSEE, FL
ED

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

DocuSigned by:



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

04/19/2024

(Date)

Jeff Lobb

(Typed or printed name of person signing)

SVP, Legal & Assistant Secretary

(Title of person signing)

FILING FEE \$35

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Radisson Hospitality, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F03000001197

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joelle Kreamer
(Name of Person)
Radisson Hospitality, LLC c/o Choice Hotels
(Firm/Company)
915 Meeting Street, Suite 600
(Address)
North Bethesda, MD 20852
(City/State and Zip code)

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CLERK OF THE
STATE
TALLAHASSEE, FL
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For further information concerning this matter, please call:

Joelle Kreamer at (301) 628-4422
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303