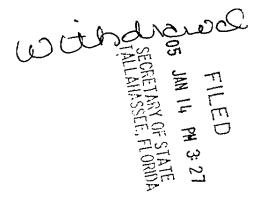
## F04000004378

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(De	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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600044496376





DR 1/4/05



ACCOUNT NO. : 072100000032

REFERENCE : 143880 7407185

AUTHORIZATION

COST LIMIT : \$ 35.00

\_\_\_\_\_\_

ORDER DATE : January 13, 2005

ORDER TIME : 10:15 AM

ORDER NO. : 143880-005

CUSTOMER NO: 7407185

CUSTOMER: Sharon Mathis

Highland Hospitality

Suite 500

8405 Greensboro Drive Mclean, VA 22102

## FOREIGN FILINGS

NAME: HHC GP CORPORATION

XX CORPORATE
LIMITED PARTNERSHIP

LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER:

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

HHC GP Corporation	755	G
(Name of Corporation)	L AIR	FILED FILED
F0400000437B	i SSF	及五日
(Document Number of Corporation (if known	vn)	STE 2
Delaware		(1)
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs voluntarily surrenders its authority to transact business or conduct affairs.  This corporation revokes the authority of its registered agent in Florid appoints the Department of State as its agent for service of process based time it was authorized to transact business or conduct affairs in Florida.  The following is a current mailing address for the corporation:  8405 Greensboro Drive, Suite (Mailing Address)	in Florida.  la to accept service of on a cause of action a	n its behalf an
McLean, VA 22102		
(City/ State /Zip)		-
The corporation agrees to notify the Department of State in the future of a (Signature of a director, president of other officer - if in the hands of a receiver or other court appointed viduciary, by that fiduciary)	January 11, 2005 (Date)	
Tracy M.J. Colden Exc  (Typed or printed name of person signing)	ecutive Vice Pres: (Title of person signin	
(1) has at hemica mame at hemaon affinite)	( rate or posson signal	5/

FILING FEE \$35