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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Withdrawal a 2/24/15

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: DHC Food & Bev	erage Corp	poration Withdrawal	
	(Name of Corpora	ation)	
DOCUMENT NUMBER:			
The enclosed withdrawal application and	fee are submitted for	or filing.	
Please return all correspondence concerning matter to the following:	; this		
Crystal T. Beasley			
	(Name of Person)		
Davidson Hotels & Resorts			
	(Firm/Company)		
One Ravinia Drive,	Suite 1600		
	(Address)		
Atlanta, Georgia 303	346		
. (C	City/State and Zip c	ode)	
For further information concerning this matt	· •		
Stephanie Gallagher	at (678	349-0925	
(Name of Person) Enclosed is a check for the amount:	(Area	Code & Daytime Telephone Number)	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional cop Enclosed)	Certificate of Status & Certified	
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