

F97000006196



EXTENDED STAY HOTELS

City/St

Southeastern Hospitality
Management, Inc.
5151 Brook Hollow Parkway
Suite 200
Norcross, Georgia 30071

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*****35.00 *****35.00

Office Use Only

CORPORATI

MENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

WJA
5-24-99
PMS

FILED
99 MAY 14 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SOUTHEASTERN HOSPITALITY HOLDINGS, INC.
(Name of Corporation)

STATE OF GEORGIA
(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.

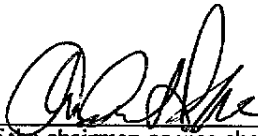

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

5151 BROOK HOLLOW PKWY SUITE 200.
(Mailing Address)

NORCROSS, GA 30071-3847.
(City/ State /Zip)

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

	
Signature of the chairman or vice chairman of the board, president, or any officer.	Title
<u>Andrew J. Pace</u>	<u>5-1-99</u>
Typed or printed name	Date

RE:- DOCUMENT # 97000006196.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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