0005117

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
l .
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200040117042

08/30/04--01009--016 **35.00

Am ala

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Crestwood Suites VIII Inc. (Name of corporation)
DOCUMENT NUMBER: <u>F9800005117</u>
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa Hough (Name of Person) Crestwood Suites VIII Inc. (Firm/Company) 126 Enterprise Porth, Suite 208 (Address) Hiram GA 30/4/ (City/State and Zip code)
For further information concerning this matter, please call: Melissa Hough at 770 443 -1330 x/8 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

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

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

Crestwood Suites VIII Inc (Name of Corporation)
F9800005117 (Document Number of Corporation (if known)
(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 for the corporation:
126 Enterprise Path Suite 208
Hiram 6A 30141 (City/State/Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
mary T. Simpson (Typed or printed name of person signing) (Title of person signing)
FILING FEE \$35