Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.

Phone : (561)650-0471
Fax Number : (561)650 Account Number : 076077003231

REGISTERED AGENT RESIGNATION

SISEMEN HOTEL GROUP, LLC

Certificate of Status	0
Certified Copy	11
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Estimated Charge	\$140.00

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

LIABILITY COMPANY	
Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,	"}
Jones Foster Service, LLC , hereby resigns as	^
(Name of Registered Agent)	
Registered Agent for Sisemen Hotel Group, LLC	
(Name of Limited Liability Company)	
L0800005630	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed limited liability company at its last known address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	
Larry B. Alexander	
(Typed or Printed Name) Manager	
(Capacity)	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

INHS17 (08/05)