## L17000053646

<del></del>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instruction	s to Filing Officer:
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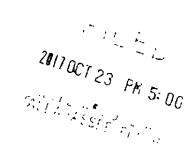
CT 20 Z.

## COVER LETTER

TO: R	egistration Section		
	ivision of Corporations		•
SUBJEC	Hotel Hopping LLC		
002000		nited Liability Con	npany)
The enclo	osed member, resignation or dissoci	iation and fee(s	) are submitted for filing.
Please ret	turn all correspondence concerning	this matter to:	
Clark Ro	osen		
	(Contact Person)		-
Rosen A	Associates		
	(Firm/Company)		-
2665 S	Bayshore Drive, Suite 605B		
	(Address)		_
Miami, F	FL 33133		
	(City/State and Zip Code)		-
For furth	er information concerning this matt	er, please call:	
Juani Ar	mago	305	537-4908
	(Name of Contact Person)		& Daytime Telephone Number)
Enclosed ■ \$25 Fi	please find a check made payable tiling Fee		Pepartment of State for: Fee & Certified Copy
	T/COURIER ADDRESS:		MAILING ADDRESS:
· ·		Registration Section Division of Corporations	
Clifton B	•		P.O. Box 6327
	ecutive Center Circle		Tallahassee, Florida 32314
	see, Florida 32301		Time of the orange of the oran

CR2E079 (2/14)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department  OTEL HOPPING LLC
2. The Florida doc L1700005364	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10/17/2017
4. I, Clark Rosen	
Member	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	Securiting Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)