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COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: INTERCONN PONTE VEDR	RA COMPANY, L.L.C.	
(Name of Fore	ign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	for filing.	
Please return all correspondence concerning this r	natter to the following:	
Anna Willoughby		
(Name of Person)		
Interstate Hotels & Resorts, Inc.		
(Firm/Company)		
4501 N Fairfax Drive, Suite 500		
(Address)	•	
Arlington, VA, 22203	<u> </u>	
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Anna Willoughby	at (703) 387 3170	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

INTERCONN PONTE VEDRA COMPANY, L.L.C.		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.		
This limited liability company revokes the authority of its registered agent 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 in Florida.		
4501 N Fairfax Drive, Suite 500, (Mailing address)		
Arlington, VA 22203 (City/State/Zip)		
(City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. By: Interstance Property Corporation, its member		
(Signature of member or authorized representative of a member)		
Christopher Bennett, EVP/Secretary		
(Typed or printed name of signee)		

Filing Fee: \$25.00

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SECRETARY OF STATE