

Division of Corporations

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M01000000738

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
CPI-SAGE HOTELS LESSEE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
14 OCT 10 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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14 OCT 10 PM 12:22
TALLAHASSEE, FLORIDA

Electronic Filing Menu

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10/13/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CPI-Sage Hotels Lessee, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

C. Harris White

(Name of Person)

CPI-Sage Hotels Lessee, LLC

(Firm/Company)

1575 Welton Street, Suite 300

(Address)

Denver, CO 80202

(City/State and Zip Code)

For further information concerning this matter, please call:

Cheryl Portugal

(Name of Person)

303

at (

405-8377

) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CPI-Sage Hotels Lessee, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

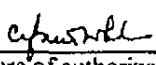
April 3, 2001

(Date registered with Florida Department of State)

M01000000738

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

C. Harris White

(Typed or printed name of signee)

Filing Fee: \$25.00

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14 OCT 10 PM 12:22
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TALLAHASSEE, FLORIDA