M0100001176

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EXAMINER



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SECKETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: _	BHR C	perations, L.L.C.		
		(Name of Fore	ign Limited Liability	Company)
Dear Sir or Ma	adam:			
The enclosed	withdrawa	al and fee(s) are submitted	for filing.	
Please return a	all corresp	ondence concerning this	matter to the following	; :
Ana Morei	ira			_
		(Name of Person)		
FelCor Loc	dging T	rust Incorporated		
		(Firm/Company)		•
545 E. Joh	hn Carp	tenter Fwy., Suite	1300	-
		(Address)		
Irving, Texas 75062				
		(City/State and Zip Code	;)	
For further inf	formation	concerning this matter, p	lease call:	
Ana Morei	ira		at (972	₎ 444-4144
	(Name	of Person)	(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		
		the following amount:	Doss Diller Dee 6	E CO Filing For
☑ \$25 Filing	ree (■ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

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

BHR Operations, L.L.C.
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M01000001176
(Florida Document Number)
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.
545 E. John Carptenter Fwy., Suite 1300 (Mailing address)
Irving, Texas 75062
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
(Signature of antifolized representative of a member)
Larry J. Mundy
(Typed or printed name of signee)

Filing Fee: \$25.00