## M0000001989

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## \*\* COVER LETTER

TO: Registration Division of	n Section Corporations		•	
PH H	lotel GP LLC			
SUBJECT:	(Name of Fo	reign Limited Liability (	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		异名 子
Please return all corr	espondence concerning this	matter to the following:	:	10000000000000000000000000000000000000
Ruth Shumway	,			2 5
	(Name of Person)	,		
Ashford Hospit	ality			
	(Firm/Company)	<u> </u>		
14185 Dallas P	arkway, Suite 1100			
	(Address)			
Dallas, Texas	75254			
	(City/State and Zip Coo	le)		
For further informati	ion concerning this matter, p	lease call:		
Ruth Shumway		972 at (	778-9203	
(N	ame of Person)		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:			
<b>△</b> \$25 Filing Fee	S30 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

PH Hotel GP LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	<del></del>
08/29/2001	
(Date registered with Florida Department of State)	
M01000001989	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this sta	ate.
·	
Dell Amorbo	
(Signature of authorized representative)	_
David A. Brooks, Vice President	
(Typed or printed name of signee)	- 三型線 <b>式</b>
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Filing Fee: \$25.00