Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000095487 3)))

Note: DO NOT hit the REFRESII/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : CNL HOTELS & RESORTS, INC.

Account Number: T20050000020 Phone : (407)650-1549

Fax Number

: (407)540-2702

LLC DISS/WITH OR REV DISS

CM HOTEL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

8 - 3

H06000095487 3 CNL HOSPITALITY

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

CM Hotel, LLC	TALL/	06 APR	
(Name of limited liability company)		_ _	_
	然축		Ī
Delaware	· ^{iff} O	<u> </u>	ŧ
(Jurisdiction of its organization)	SIA	<u>.</u> 9	
This limited liability company is no longer transacting business in Florida and stauthority to transact business in this state.	irrenders	its—i	
This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process cause of action arising during the time it was authorized to transact business in Florid	ot service of based on la.	on . a	
PO Box 2226			
(Mailing address)	_	-	
Orlando, FL 32802			
(City/State/Zip)			-
The limited liability company agrees to notify the Department of State in the furthernament in its mailing address.	iture of ai	ıy	
Start			-
Signature of member or authorized representative of a member)	. =	F	
Ctanhania I Thamas Assistant Commun.			

Filing Fee: \$25.00

(Typed or printed name of signee)