(Requestor's Name)		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)	_	
(Sity/State/Zip/i Hone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
·		
Cortified Conice Cortifientes of Status		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:	٦	
1.	1	
1	١	
ļ ,	١	
	ı	
	-	
Isldans		
MICHION	┙	

Office Use Only



000083582280

01/08/07--01042--012 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Jacksonville Lodging, L.L.C.	
(Name of Foreig	gn Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitted t	for filing.
Please return all correspondence concerning this m	atter to the following:
	J
Jeff A. Stockert	
(Name of Person)	
Utah Hospitality, L.L.C.	
(Firm/Company)	
523 Camelot Drive	
(Address)	
Aberdeen, SD 57401 (City/State and Zip Code)	
(Chy/State and Zip Code)	•
For further information concerning this matter, plea	ase call:
Jeff Stockert	at (605) 229-8685
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	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:	
	Jacanii va a l'Ilacanii -
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status &
Certificate of Status	Certified Copy

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

Jacksonville Lodging, L.L.C.
(Name of limited liability company)
South Dakota
(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 or 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.
523 Camelot Drive, PO Box 4850
(Mailing address)
Aberdeen, SD 57402-4850 (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)
(Typed or printed name of signee)

Filing Fee: \$25.00

SECRETARY OF STATE DIVISION OF CORPORATION: