

Mo40000000627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

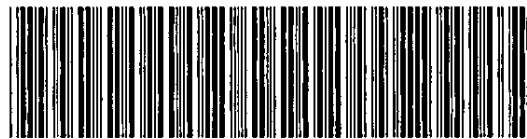
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 AUG 21 11 12 47  
SEC 414  
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FALL 414

AUG 22 2014

S. YOUNG



ASHFORD  
HOSPITALITY TRUST

Ruth L. Shumway  
Writer's Direct Dial:  
(972) 778-9203  
Writer's E-mail:  
rshumway@ashfordinc.com

August 18, 2014

Florida Secretary of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Florida Cancellations  
Ashford OP General Partner LLC  
CY-CIH Manchester Parent LLC  
RI-CIH Manchester Parent LLC  
CY Manchester Hotel Partners LP  
RI Manchester Hotel Partners LP

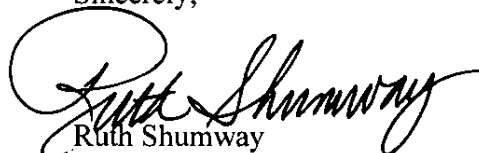
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14 AUG 21 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

Dear Clerk:

Please find enclosed and original and one (1) copy of the Notice of Withdrawal of Certificate of Authority for Ashford OP General Partner LLC, CY-CIH Manchester Parent LLC and RI-CIH Manchester Parent LLC, and Notice of Cancellation for Foreign Limited Partnership for CY Manchester Hotel Partners LP and RI Manchester Hotel Partners LP. Also enclosed is a check in the amount of \$180.00. Please file each of this Cancellation Certificates with the appropriate office of the State and return to me a file stamped copy.

Please do not hesitate to call with any questions or comments.

Sincerely,

  
Ruth Shumway  
Paralegal

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ashford OP General Partner 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:

Ruth Shumway

(Name of Person)

Ashford Hospitality

(Firm/Company)

14185 Dallas Parkway, Suite 1100

(Address)

Dallas, Texas 75254

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth Shumway

(Name of Person)

at 972 778-9203  
(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

FILED  
14 AUG 21 11 12 40  
SECRET  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Ashford OP General Partner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

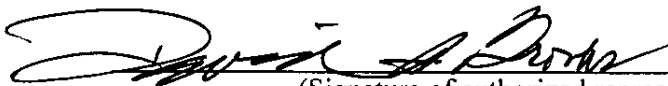
02/17/2004

(Date registered with Florida Department of State)

M04000000627

(Florida Document Number)

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



(Signature of authorized representative)

David A. Brooks, Vice President

(Typed or printed name of signee)

**Filing Fee: \$25.00**

FILED  
14 AUG 21 AM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA