## M05000001508

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



500116632545

OLIVISION DE PARTICION DE PARTICION DE CAMBRON DE CAMBRON DE L'ALLANASSEE, FILO

FEB -5 AM 10:

RECEIVED

OBFEB-5 PH 1: 16 ECRETARY OF STATE LLAHASSEE, FI DBI

B. KOHR

FEB 5 2008

**EXAMINER** 



ION SERVICE COMPANY.				.*
ACCOUNT NO.	:	07210000	00032	0.
REFERENCE	:	431005	5146313	Sec. 7
AUTHORIZATION	:		JO Co. E	言いい
COST LIMIT	:	\$ 25	Spirit Cenar	3. 3.
ORDER DATE : February 4, 2008	- * -			KLONIE
ORDER TIME : 9:11 AM				P
ORDER NO. : 431005-020				
CUSTOMER NO: 5146313			^	
	<b></b> -		· <b></b>	. – – – – –
FOREIGN F	ILI	<u>NGS</u>	,	
NAME: DTRS MICHIGAN PLAZA SUB, LLO		ENUE/CHOP	PIN ,	
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY	Y			
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FI	LING:	
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS				
CONTACT PERSON: Harry B. Davis	s -	EXT# 292	6	
		EVAMINED.		

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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA
DTRS Michigan Avenue/Chopin Plaza Sub, LLC (Name of limited liability company)
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
All the second s
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.
c/o Strategic Hotels & Resorts, Inc., 200 West Madison St., Suite 1700, Attn: Paula C. Maggio
(Mailing address)
Chicago, IL 60606
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Baus Man
(Signature of member or authorized representative of a member)
Paula C. Maggio, Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00