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## **COVER LETTER**

Division of Corporations			
SUBJECT: KEY WEST HOTEL HOLDINGS LLC (Name of Foreign Limited Liability Company)		-	
( tame of rotoign Billion Blassing 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:			
ANDREW AGOSTINI			
(Name of Person)	4 ·		
KEY WEST HOTEL HOLDINGS LLC	SECR	2009 MAR 30	~-17
(Firm/Company)	HAS	<b>気</b> 3	
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35 E WACKER DR STE 3300	F SI	P# - 2	Ö
(Address)	PAR S	2: 58	-
CHICAGO IL 60601	<b>&gt;</b>	; •	
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ANDREW AGOSTINI at ( 312 ) 363-6000			
(Name of Person) (Area Code & Daytime Telephone Number)	,	-	÷
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	s'		

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

KEY WEST HOTEL HOLDINGS LLC
(Name of limited liability company)
ILLINOIS
(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 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.
35 E WACKER DR STE 3300 (Mailing address)  ARE ARE TO THE STE 3300
CHICAGO IL 60601
(City/State/Zip)  The limited liability company agrees to notify the Department of State in the grare as any change in its mailing address.
(Signature of member or authorized representative of a member)
ANDREW AGOSTINI
(Typed or printed name of signee)

Filing Fee: \$25.00