

M05000002992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

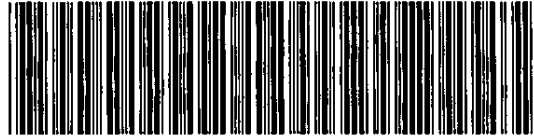
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/01/16--01004--006 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2016 SEP - 1 AM 12:57

FILED

K. SALLY
EXAMINER
SEP - 6



ASHFORD
HOSPITALITY TRUST

Ruth Shumway
14185 Dallas Parkway, Suite 11100
Dallas, Texas 75254
(972) 778-9203
rshumway@ashfordinc.com

August 29, 2016

Florida Department of State
Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

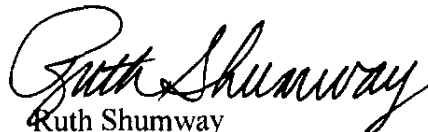
RE: Notice of Withdrawal – Ashford TRS Lessee I LLC

Dear Clerk:

Enclosed please find an original and one (1) copy of the Notice of Withdrawal of Certificate of Authority for Ashford TRS Lessee I LLC. Also enclosed is a check in the amount of \$25.00 representing the fee. Please file this Notice with the appropriate office of the Secretary of State and return a file stamped to copy my attention.

If you have any questions, please feel free to contact me.

Sincerely,


Ruth Shumway
Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ashford TRS Lessee I 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, TX 75254

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruth Shumway

(Name of Person)

at 972 490-9600

(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford TRS Lessee I LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

06/03/2005

(Date registered with Florida Department of State)

M05000002992

(Florida Document Number)

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



(Signature of authorized representative)

Deric S. Eubanks, President

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2006 SEP - 1 AM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA