## M05000004261

| (Requestor's                       | Name)                 |
|------------------------------------|-----------------------|
| (Address)                          |                       |
| (Address)                          |                       |
| (City/State/Zip/Phone #)           |                       |
| PICK-UP V                          | VAIT MAIL             |
| (Business Entity Name)             |                       |
|                                    |                       |
| (Document Number)                  |                       |
| Certified Copies Ce                | ertificates of Status |
| Special Instructions to Filing Off | ficer:                |
| -                                  |                       |
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Office Use Only



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SECRETARY OF STATE AS SIVESION OF CORPORATIONS.

TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

DEFARIMENT OF STATE

BY ASTON OF CORPORATION

B. KOHR

JAN 2 6 2011

**EXAMINER** 



ACCOUNT NO. : I2000000195

REFERENCE :

AUTHORIZATION

COST LIMIT

ORDER DATE: January 26, 2011

ORDER TIME : 12:01 PM

ORDER NO. : 654718-020

CUSTOMER NO: 4321791

## FOREIGN FILINGS

NAME: RELATED HOTEL PROGRAMS LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: \_\_\_\_

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

| Related Hotel Programs LLC  |
|---|
| (Name of limited liability company)   |
| Delaware  |
| (Jurisdiction of its organization)  |
| M05000004261  |
| . (Florida Document Number)   |
| 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. |
| 60 Columbus Circle  |
| (Mailing address)   |
| New York, NY 10023  |
| (City/State/Zip)  |
| The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.  |
| MH OL   |
| (Signature of member or authorized representative of a member)  |
| Michael H. Orbison, Authorized Person   |
| (Typed or printed name of signee)   |

Filing Fee: \$25.00