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AUG 22 2014 S. YOUNG

•	, ,	JVER LETTER		
TO: Registration Division of		· •		
SUBJECT: Ashfo	ord Pool I GP LLC			
SUBJECT:	(Name of Fo	eign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the following	; ;	
Ruth Shumway	,			震鳴るコ
	(Name of Person)		-	學点
Ashford Hospit	ality			当
Asiliora Hospit		····-		
	(Firm/Company)			対応の数
14185 Dallas P	Parkway, Suite 1100			
	(Address)		-	
Dallas, Texas	75254			
	(City/State and Zip Cod	e)	-	
For further informat	ion concerning this matter, p	lease call:		
Ruth Shumway	,	972	778-9203	
(N	ame of Person)	at (b Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Exect	Corporations	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	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford Poc	of I GP LLC			
	(Name of limited liability company)			_
Delaware				
····	(Jurisdiction of its organization)			
10/06/2005				
	(Date registered with Florida Department of State)			—
M05000005	613			
	(Florida Document Number)			
This limited I	ability company is withdrawing its certificate of authority in this st	ate.		
	(Signature of authorized representative)		4	
	David A. Brooks, Vice President	医热剂	90V	
	(Typed or printed name of signee)		12	
			JE 82 49	

Filing Fee: \$25.00