

170600000/521

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
JACKSONVILLE HOTEL ASSOCIATES LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Jacksonville Hotel Associates 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:

Kim Band

(Name of Person)

Jacksonville Hotel Associates LLC

(Firm/Company)

2809 Butterfield Road

(Address)

Oak Brook, IL 60523

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Band

(Name of Person)

630

at (

570-0854

) (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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Jacksonville Hotel Associates LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 14, 2006

(Date registered with Florida Department of State)

M06000001521

(Florida Document Number)

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



(Signature of authorized representative)

Taylor C. Kessel

(Typed or printed name of signee)

Filing Fee: \$25.00

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