

1106000003104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 AUG 23 AM 9:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2017 AUG 23 PM 3:46
FILED
TALLAHASSEE, FLORIDA

K. SALY
AUG 24 2017

SUNSHINE CORPORATE FILING OF FLORIDA INC.

*3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724*

DATE 8-23-17
****WALK IN****

ENTITY NAME CHM CLERMONT Hotel Partners, LLC

DOCUMENT NUMBER Natalie @ Paranet

****PLEASE FILE THE ATTACHED AND RETURN****

XX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED 25.00
CHECK # 3996

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHM CLERMONT HOTEL PARTNERS, 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:

MR. RON COOPER - CORPORATE CONTROLLER
(Name of Person)

CHARTWELL HOSPITALITY, LLC
(Firm/Company)

5000 MERIDIAN BLVD., SUITE 750
(Address)

FRANKLIN, TN 37067
(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIE LEIBA-PAUL at 800 277-9977
(Name of Person) (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

FILED
2017 AUG 23 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CHIM CLERMONT HOTEL PARTNERS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

JUNE 06, 2006

(Date registered with Florida Department of State)

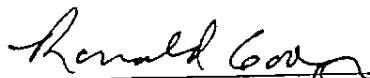
M06000003104

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

RONALD COOPER

(Typed or printed name of signee)

Filing Fee: \$25.00