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Ta:

Division of Corporations

Fax Number : (850)6

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088 Phone : (800)221-010

Phone : (800)221-0102 Fax Number : (800)944-6607

LLC DISSOLUTION OR WITHDRAWAL NVHG HOTEL OPERATOR, LLC

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Help

From: Kathrine Neer Fax: 18002210102 To:

Fax: (850) 617-6383 Page: 3 of 4 04/26/2019 11:18 AM

COVER LETTER

Division of	Corporations		
	Hotel Operator, LLC.		
SUBJECT:	(Name of For	reign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following:	
Cathy Smeriglio			
	(Name of Person)		
Northview Hotel Gr	оир		
	(Firm/Company)		
36 Narrow Rocks R	oud		
	(Address)		
36 Narrow Rocks R	oad Westport, CT 06880		
	(City/State and Zip Cod	ie)	
For further informati	on concerning this matter, p	lease call:	
		at ()
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, Florida 32314
Enclosed is a check	for the following amount:		
S25 Filing Fee	S30 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

NVHG Hotel Opera	tor, LLC	
	(Name of limited liability company)	
Delaware		49 6
	(Jurisdiction of its organization)	F 9 8
01/23/2007		26
	(Date registered with Florida Department of State)	20 Z
M07000000423		
	(Florida Document Number)	On the second
This limited liabi	lity company is withdrawing its certificate of authority in this s	tate.
Effective Date, if	other than the date of filing:	(optional)
(If an effective day	ite is listed, the date must be specific and cannot be prior to dat	e of filing or
	inserted in this block does not meet the applicable statutory fili	ng requirements.
	be listed as the document's effective date on the Department of	
_	(Signature of authorized representative)	
	(Signature of authorized representative)	
	Simon Hallquiter	
	(Typed or printed name of signee)	