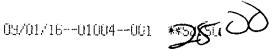
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## **COVER LETTER**

Registration Section

TO:

Division of	of Corporations			
Äsh	ford Sapphire V GP LI	LC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam	ı:			
The enclosed without	Irawal and fee(s) are submitte	ed for filing.		
Please return all co	rrespondence concerning this	matter to the following	g:	
Ruth Shumwa	ıy			
-	(Name of Person)		-	
Ashford Hospi	itality			
	(Firm/Company)		_	
14185 Dallas	Parkway, Suite 1100			Average
	(Address)		_	200
Dallas, TX 75	254			2016 SEP -1
	(City/State and Zip Coo	ie)	-	
For further informa	tion concerning this matter, p	please call:		T SHE
Ruth Shumwa	у	972 at (	<b>490-9600</b>	E E
	Name of Person)		Daytime Telephone Numbe	r)
Registration Division of Clifton Bu 2661 Exec Tallahasse	cutive Center Circle ee, Florida 32301	Regis Divis P.O. 1 Tallal	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314	
<b>☑</b> \$25 Filing Fee	k for the following amount:  ☐ \$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

Ashford Sapphire V GP LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
03/06/2007
(Date registered with Florida Department of State)
M0700001303
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
David A. Brooks, Vice President
(Typed or printed name of signee)
· ==q

Filing Fee: \$25.00