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(Re	equestor's Name)	
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S. YOUNG

	** C(OVER LETTER		a.
	ion Section			F
Division	of Corporations			
SUBJECT: Asi	hford TRS Jacksonville	III LLC		
	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Mada	m:			
The enclosed with	ndrawal and fee(s) are submitte	d for filing.		
Please return all c	correspondence concerning this	matter to the following	:	
Buth Chuman				TACLE SECOND
Ruth Shumw				三三
	(Name of Person)			题 B 21
Ashford Hosp	oitality			
	(Firm/Company)			इति दि
14185 Dallas	Parkway, Suite 1100			
	(Address)			
Dallas, Texas	s 75254			
	(City/State and Zip Cod	le)		
For further inform	nation concerning this matter, p	lease call:		
Ruth Shumw	ay	972	778-9203	
	(Name of Person)	at (Daytime Telephone Number)	
STREET	Γ/COURIER ADDRESS:	MAIL	ING ADDRESS:	
	tion Section			
Division Clifton E	of Corporations Building	Division of Corporations P.O. Box 6327		
2661 Exc	ecutive Center Circle see, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a che	ck for the following amount:			
2 \$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 TRS Jacksonville III LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
04/24/2007
(Date registered with Florida Department of State)
M0700002469
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Deric S. Eubanks, President
(Typed or printed name of signee)

Filing Fee: \$25.00

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