Page 2 of 4 Division of Corporations

## 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 : (614)280-3338 Phone : (614)280-3338 Fax Number : (954)203-0845

## LLC DISSOLUTION OR WITHDRAWAL IA LODGING GAINESVILLE, L.L.C.

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Estimated Charge	\$25.00

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## **COVER LETTER**

TO: Registration of Division of	n Section Corporations			
ĮA LO SUBJECT:	DGING GAINESVIILE, L	.L.C.		
3004EC1.	(Name of For	reign Limited Liability.	Company)	<del>_</del>
Dear, Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filling.		
Please return all'com	espondence concerning this	matter to the following	:	
Taylor C. Kessel, S	onior Vice President, Secreta	nry&General Counsel		
	(Name of Person)			
Xenia Hotels & Res	ents, Ino.			
	(Firm/Catepany)			
200 S. Orange Aver	nue, Suite 2700			
<u> </u>	(Address)		•	
Orlando, FL 32801				
	(City/State and Zip Coo	ke)		
For the ther informati	ion concerning this nutter, p	lease call:		
Carol McKnight, VI	P	407	246-8129	
'И)	ame of Person)	(Area Code &	Daytime Telephone Number)	_
Registration Division of Clifton Bui 2661 Execu	Corporations	Regist Divisi P.O.:B	ANG ADDRESS: ration Section on of Corporations lox 6327 ássac, 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 Filling Fee, Certificate of States & Certified Copy	

To:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)		
Delawaro			
	(Jurisdiction of its organization)		
July 27, 2007	•		
	(Date registered with Florida Department of State)		
M070000050	16		
	(Florida Document Number)		
This limited	d liability company is withdrawing its certificate of authority	in this state.	
Effective D	ate, if other than the date of filing: 02/02/2018  ive date is listed, the date must be specific and cannot be pro-	(optional)	
		TE TO EIGHT ON THUM OF	
more than 9 Note: If the	00 days after filing.) date inserted in this block does not meet the applicable state If not be listed as the document's effective dateron the Depar	ttory filing requirements, tment of State's records.	
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more than 9 Note: If the	od days after filing.)  I date inserted in this block does not meet the applicable state  If not be listed as the document's effective date on the Depar	ttory filing requirements, tment of State's records.	

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