

MO80000002419

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

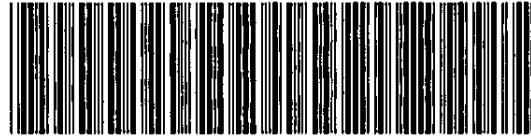
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 27 P 3 13  
2014

B. BOSTICK

MAR - 3 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Festiva Florida Properties, 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:

**Miriam Day, Corporate Paralegal**  
(Name of Person)

**Patton Hospitality Management, LLC**  
(Firm/Company)

**One Vance Gap Road**  
(Address)

**Asheville, NC 28805**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Miriam Day** at **828** **348-2500 x4312**  
(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

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2014 FEB 27 P 3:13  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**Festiva Florida Properties, LLC**

(Name of limited liability company)

**Nevada**

(Jurisdiction of its organization)

**05/21/2008**

(Date registered with Florida Department of State)

**M08000002419**

(Florida Document Number)

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



(Signature of authorized representative)

**Dennis P. Brisson**

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
2014 FEB 27 P 3:13  
TALLAHASSEE, FLORIDA