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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL SAGE CLIENT 348, LLC

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COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: Sage	Client 348, LLC (Name of For	relgn Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	ed for filling.	
Please return all corn	espondence concerning this	matter to the following	:
Romi Howell			
	(Name of Person)		
Sage Hospitalit	y		
	(Finn/Company)		
1575 Welton Si	reet, Suite 300		
Denver, CO 80	(City/State and Zip Cod	le)	
For further information	on concerning this matter, p	olease call:	
Romi Howell		at (303	595-7233
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execus	Corporations	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

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Sage Client 348, LLC
(Name of limited liability company)
Colorado
(Jurisdiction of its organization)
M10000000755
(Florida Document Number)
This limited liability company is no longer transacting business in Plorida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1575 Welton Street, Suite 300
(Mailing address)
D
Denver, CO 80202 (City/State/Zip)
(Stof , Comedity ! [p]
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Cofacionopolal
Signature of member or authorized representative of a member)
Harris White
Typed or printed name of signee)
60 mg

Filing Fee: \$25.00