

**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 : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
JPM CIBC20-CASTILLO REAL HOTEL SPE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 APR 23 AM 8:08

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** JPM CIBC20 - CASTILLO REAL HOTEL SPE 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:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Firm/Company)

5221 N. O'CONNOR BLVD., STE. 600

(Address)

IRVING, TX 75039

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN KYLE

(Name of Person)

at 972 8685388

(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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

**JPM CIBC20 - CASTILLO REAL HOTEL SPE LLC**

(Name of limited liability company)

**DELAWARE**

(Jurisdiction of its organization)

**APRIL 2, 2010**

(Date registered with Florida Department of State)

**M10000001554**

(Florida Document Number)

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



(Signature of authorized representative)

**ROBIN KYLE**

(Typed or printed name of signee)

Filing Fee: \$25.00

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