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

: (850)222-1092

Phone Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL JPM CIBC20 - OUALITY INN HOTEL SPE LLC

| Certificate of Status | 0 |
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Corporate Filing Menu

APR 2 4 2013

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T. HAMPTON

COVER LETTER

TOI

Registration Section Division of Corporations

JPM CIBC20 - QUALITY INN HOTEL SPE LLC
(Name of Foreign Limited Liability Campany)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Pinn/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)

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 Talinhossee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

□ \$30 Filling 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 - QUALITY INN HOTEL SPE LLC |
|--|
| (Name of limited liability company) |
| DELAWARE |
| (Jurisdiction of its organization) |
| APRIL 2, 2010 |
| (Date registered with Florida Department of State) |
| M1000001556 |
| (Florida Document Number) |
| This limited liability company withdrawing its certificate of authority in this state. |
| - bukll |
| (Signiture of nuthorized representative) |
| ROBIN KYLE |
| (Typed or printed name of signee) |

Filing Pee: \$25.00

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SECRETARY OF STATE
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