| ,  | M From: To: 8506176383(1/3)<br>I O O O O O O O O O O O O O O O O O O O   |          |
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| Note: Please                               | <b>print this page and use it as a cover sheet.</b> Type the fax audit number below) on the top and bottom of all pages of the document. | (shown   |
|  | (((H15000301409 3)))   |          |
| IIIII<br>Note: DO NO                       | H150003014093ABCX<br>T hit the REFRESH/RELOAD button on your browser from this page. I<br>will generate another cover sheet.             | Doing so |
| то:  | Division of Corporations<br>Fax Number : (850)617-6383   |          |
| From:                                      | Account Name : C T CORPORATION SYSTEM<br>Account Number : FCA000000023<br>Phone : (850)205-8842<br>Fax Number : (850)878-5368            |          |
|  | LLC DISSOLUTION OR WITHDRAWAL  | 15 DE    |
|  | Certificate of Status 0  | 22 J     |
| :36<br>136                                 | Certified Copy     0       Page Count     03   |          |
| RECEIVED<br>15 BEC 22 ANII: 3<br>ALLANSSEE | Estimated Charge \$25.00   | 7: 53    |
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| 12/22/2015 | 11:32:17 AM | From: | To: | 8506176383( | 2/3 ) |   |   |   | 4 |  |
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## **COVER LETTER**

3

TO: Registration Section Division of Corporations

AHI Jacksonfille-1 Investment LLC
SUBJECT:

(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:

Deborah Newman

(Name of Person)

Aimbridge Hospitality

(Firm/Company)

2500 N. Dallas Parkway, Suite 600

(Address)

Plano, TX 75093

(City/State and Zip Code)

Certificate of Status

For further information concerning this matter, please call:

| Deborah Newman      |                         | 214   | 295-3590           |  |  |  |
|---------------------|-------------------------|---|--------------------|--|--|--|
| 4)                  | Name of Person)         | at ()<br>(Arca Code & Daytime Telephone Number) |                    |  |  |  |
| STREET/             | COURIER ADDRESS:        | ман   | LING ADDRESS:      |  |  |  |
| Registratio         | n Section               | Registration Section                            |                    |  |  |  |
| Division of         | f Corporations          | Divisi  | on of Corporations |  |  |  |
| Clifton Bu          | ilding                  | P.O. Box 6327                                   |                    |  |  |  |
| 2661 Exec           | utive Center Circle     | Tallahassee, Florida 32314                      |                    |  |  |  |
| Tallahasse          | e, Florida 32301        |   |                    |  |  |  |
| Enclosed is a check | for the following amoun | t:  |                    |  |  |  |
| 🖬 \$25 Filing Fee   | 🖾 \$30 Filing Fee &     | 🗖 \$55 Filing Fee &                             | 🗖 \$60 Filing Fee, |  |  |  |

Certified Copy

Certificate of Status &

Certified Copy

FL070 - 03/12/2014 Wolters Klawer Online

12/22/2015 11:32:17 AM From: To: 8506176383( 3/3 )

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

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| AHI Jacksonfille-1 Investment LLC   |    |
|---|----|
| (Name of limited liability company)   |    |
| Texas   |    |
| (Jurisdiction of its organization)  | i. |
| 09/23/2010  |    |
| (Date registered with Florida Department of State)  |    |
| M1000004191   |    |
| (Florida Document Number)   |    |
| This limited liability company is withdrawing its certificate of authority in this state. |    |

## Filing Fee: \$25.00