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(C)	ity/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 559008 7616152

AUTHORIZATION

COST LIMIT

ORDER DATE: December 26, 2018

ORDER TIME : 1:42 PM

ORDER NO. : 559008-005

CUSTOMER NO: 7616152

PODETCH ETITMOS

FOREIGN FILINGS

NAME: FMW RRI NC LLC

XX CORPORATE

LIMITED PARTNERSHIP

____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

EXAMINER: ____

COVER LETTER

Division of Corporations	
FMW RRI NC 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:	
Michelle Stiller (Name of Person)	
Red Roof Inns, Inc (Firm/Company)	
7818 Waiton Paraway	1
Wew Mlany, Ott 43054 (City(State and Zip Code)	
For further information concerning this matter, please call:	
EMILY VESMAN at (CO14) 225-1701 (Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida-32304 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 □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FMW RRI NC LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
08/16/2011
(Date registered with Florida Department of State)
M11000004084
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state:
Effective Date, if other than the date of filing: \(\frac{\text{Vec} 2(\cdot 10) \text{Vec}}{\text{Contours}}\) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing of) more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Cenu Cenya
(Signature of authorized representative)
And rew Alexander (Typed or printed name of signce)

Filing Fee: \$25.00