

M11000005646

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000105113 3)))



H150001051133ABCR

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

LLC DISSOLUTION OR WITHDRAWAL
S2 TALLAHASSEE HOTEL OWNER LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
DIVISION OF CORPORATIONS
15 APR 29 04:10:00SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 29 AM 7:00

4/29/2015 3:08 PM

APR 30 2015

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S2 TALLAHASSEE HOTEL OWNER 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:

Karen Rodriguez

(Name of Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concourse, S. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Rodriguez

(Name of Person)

at (770)

777-2091

(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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S2 TALLAHASSEE HOTEL OWNER LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

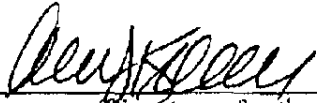
11/08/2011

(Date registered with Florida Department of State)

M11000005646

(Florida Document Number)

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



(Signature of authorized representative)

Andrew Kellner

(Typed or printed name of signee)

Filing Fee: \$25.00

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FILED
15 APR 29 AM 7:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA