

To: Page 4 of 6  
Division of Corporations

2016-10-27 14:29:19 CST

1954201084 From: Florida Misc Raw

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

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3338  
Fax Number : (954) 208-0845

**LLC DISSOLUTION OR WITHDRAWAL  
S2 LAKE MARY HOTEL OWNER LLC**

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

2016 OCT 20 AM 11:12  
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21

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**PLEASE HONOR ORIGINAL DATE OF 10-20**

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OCT 28 2016

To: Page 3 of 6

2016-10-27 14:29:19 CST

19542080845 From: Ranae McGraw

850-617-8381 10/21/2016 10:05:04 AM PAGE 1/001 Fax Server

PLEASE HONOR ORIGINAL DATE OF 10-20



October 21, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

S2 LAKE MARY HOTEL OWNER LLC  
622 THIRD AVENUE  
33RD FLOOR  
NEW YORK, NY 10022

SUBJECT: S2 LAKE MARY HOTEL OWNER LLC  
REF: M12000006187

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Wrong form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H16000259632  
Letter Number: 216A00022647

PLEASE HONOR ORIGINAL DATE OF 10-20

P.O. BOX 6327 – Tallahassee, Florida 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

S2 LAKE MARY HOTEL OWNER 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:

Valerie Bonilla

\_\_\_\_\_  
(Name of Person)

Square Mile Capital Management LLC

\_\_\_\_\_  
(Firm/Company)

350 Park Avenue 15th Fl.

\_\_\_\_\_  
(Address)

New York, New York 10022

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Valerie Bonilla

\_\_\_\_\_  
(Name of Person)

212

6168170

at \_\_\_\_\_  
(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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TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

S2 LAKE MARY HOTEL OWNER LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

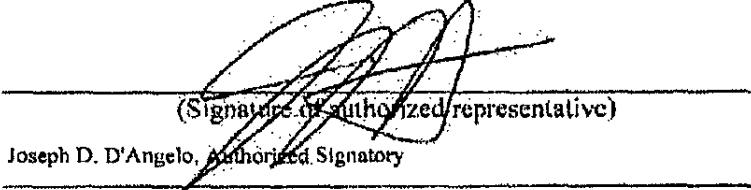
11/02/2012

(Date registered with Florida Department of State)

M12000006187

(Florida Document Number)

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

  
(Signature of authorized representative)

Joseph D. D'Angelo, Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00