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K. SALY JUL 28 7017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : | 12000000195 REFERENCE: 742393 7955045 AUTHORIZATION COST LIMIT (:/ ORDER DATE: July 26, 2017 ORDER TIME : 5:20 PM ORDER NO. : 742393-005 CUSTOMER NO: 7955045 FOREIGN FILINGS NAME: CROWN MIAMI HOTEL OWNER, LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
Crown Miami Hotel Owner, LLC SUBJECT:	
(Name of Foreign Limite	ed 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	he following:
Omar Palacios	
(Name of Person)	
Geolo Capital	
(Firm/Company)	
Pier 5 The Embarcadero Suite 102	
(Address)	
San Francisco, CA 94111	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
John Greene 4	15 694-5823
	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 & ☐ \$55 Fili Certificate of Status Certifie	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Crown Miami Hotel Owner, LLC	
(Name of limited liability	y company)
Delaware	E T
(Jurisdiction of its orgi	inization)
November 27, 2012	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
(Date registered with Florida De	epartment of State)
M12000006575	
(Florida Document N	lumber)
This limited liability company is withdrawing its certif	cate of authority in this state.
Effective Date, if other than the date of filing: $\frac{7/25/2017}{1}$	(optional)
(If an effective date is listed, the date must be specific a more than 90 days after filing.)	and cannot be prior to date of filing or
Note: If the date inserted in this block does not meet the this date will not be listed as the document's effective of	e applicable statutory filing requirements, late on the Department of State's records.
On l	
(Signature of authorized	representative)
Omar Palacios	
(Typed or printed name of signee)	

Filing Fee: \$25.00