## 1113000004487

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K. SALY NOV 2 9 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 505644 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: November 28, 2018 ORDER TIME : 3:02 PM ORDER NO. : 505644-035 CUSTOMER NO: 4300123 FOREIGN FILINGS NAME: HADDON HALL HOTEL OWNER, LLC \_ CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

## **COVER LETTER**

TO:

Registration Section

Division of Corporations HADDON HALL 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: Keith Wixson (Name of Person) Paul Hastings LLP (Firm/Company) 200 Park Avenue (Address) New York, NY 10166 (City/State and Zip Code) For further information concerning this matter, please call: Keith Wixson (Area Code & Daytime Telephone Number) (Name of Person) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & □ \$60 Filing Fee, □ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HADDON HALL HOTE	L OWNER, LLC	
-	(Name of limited liability company)	1000
Delaware		7 C
<u> </u>	(Jurisdiction of its organization)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
July 17, 2013		
	(Date registered with Florida Department of State)	
M13000004487		T.
	(Florida Document Number)	
This limited liability o	company is withdrawing its certificate of authority in this	statc.
Effective Date, if other	r than the date of filing:	(optional)
(If an effective date is more than 90 days after	listed, the date must be specific and cannot be prior to deer filing.)	ate of filing or
Note: If the date inser	ted in this block does not meet the applicable statutory fi sted as the document's effective date on the Department	
	Yelth M. W.	
	(Signature of authorized representative)	
Keith M	1. Wixson	
	(Typed or printed name of signee)	

Filing Fee: \$25.00