

M14000004738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200418426082

FILED

2023 DEC -4 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC -4 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 12/04/23
Order #: 1326829-1
Re: Diplomat Hotel Lessee LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

A handwritten signature in cursive script, appearing to read 'Eyliena Baker', is written over the text of the enclosed items.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diplomat Hotel Lessee 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:

C. Simms

(Name of Person)

Brookfield

(Firm/Company)

655 New York Avenue NW, Suite 800

(Address)

Washington DC 20001

(City/State and Zip Code)

For further information concerning this matter, please call:

C. Simms

(Name of Person)

at (443 _____)

(Area Code & Daytime Telephone Number)

758-9015

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Diplomat Hotel Lessee LLC

(Name of limited liability company)

Florida

(Jurisdiction of its organization)

July 3, 2014

(Date registered with Florida Department of State)

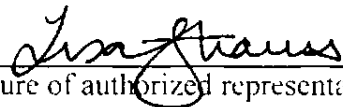
M14000004738

(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: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or 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.


(Signature of authorized representative)

Lisa Strauss, Vice President
(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 10:50

FILED

Filing Fee: \$25.00