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(((H150001056913)))



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To:

Division of Corporations

Fax Number : $(£50)617-6383_{74}$

From:

Account Name : C T CORPORATION, S

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL DIPLOMAT LANDINGS LESSEE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03-4 |
| Estimated Charge | \$25.00 |

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5/1/2015 4:42:51 PM From: To: 8506176383(3/4)

COVER LETTER

| | istration Section sion of Corporations | | |
|----------------------------|--|---------------------------------|---|
| CHRICCT | Diplomat Landings Lessee LLC | | |
| SUBJECT: | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir or M | tariam: | | |
| _ | | | |
| The enclosed | withdrawal and fee(s) are submitte | ed for filing. | |
| Please return | all correspondence concerning this | s matter to the following | : |
| Collette Sim | ms | | |
| | (Name of Person) | | |
| Thayer Lodg | ing Group, Inc. | | |
| | (Firm/Company) | | • |
| 1997 Annap | olis Exchange Pkwy, Suite 550 | | |
| | (Address) | | • |
| Annapolis, N | AD 21401 | | |
| | (City/State and Zip Co | de) | • |
| For further in | formation concerning this matter, | pleuse call: | |
| College Sim | ms | 410 at (| 268-0515 |
| | (Name of Person) | (Ana Code & | Daytime Telephone Number) |
| Reg Divi Clif 266 | REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle lahassee, Florida 32301 | Regist Divisi P.O. I | LING ADDRESS: tration Section on of Curporations Box 6327 lassee, Florida 32314 |
| | s check for the following amount | : | |
| S25 Filing | Fee S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Conv |



May 1, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DIPLOMAT LANDINGS LESSEE LLC
1997 ANAPOLIS EXCHANGE PARKWAY, SUITE 55
ANNAPOLIS, MD 21401

SUBJECT: DIPLOMAT LANDINGS LESSEE LLC

REF: M14000004740

*RE-SUBMIX

dale of submission 4/30

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.

This LLC should file the Withdrawal and not the Articles of Dissolution.

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.

Teresa Brown Regulatory Specialist II FAX Aud. #: H15000105691 Letter Number: 215A00009016

5 MAY -1 - 7.3 10: 00 WESTER OF CONTROL OF THE MEDICAN WIND MEDICAL

P.O BOX 6327 - Talishassee, Florida 32314

5/1/2015 4:42:51 PM From: To: 6506176383(4/4)



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Diplomat Landings Lo | ssee LLC |
|----------------------|---|
| | (Name of limited liability company) |
| Delaware | |
| | (Jurisdiction of its organization) |
| July 3, 2014 | |
| | (Date registered with Florida Department of State) |
| M14000004740 | |
| | (Florida Document Number) |
| This limited liabili | ty company is withdrawing its certificate of authority in this state. |
| | /ş/ George Dabney |
| | (Signature of authorized representative) |
| Geo | rge Dabney |
| | (Typed or printed name of signee) |

Filing Fee: \$25.00