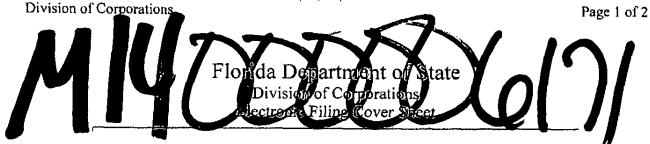
3/3/2016 10:42:08 AM From: To: 8506176383(1/3)



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

2016 HAR -3

LLC REGISTERED AGENT RESIGNATION ALENA HOSPITALITY SSL, LLC

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S. YOUNG

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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: ALÈNA HOSPITALITY SSL, LLC			
Name of Limited Liability	Company		
DOCUMENT NUMBER: M14000006171			
The enclosed Resignation of Registered Agent for a Limited for filing.	l Liability Company and fee are	submit	ted
Please return all correspondence concerning this matter to the	ne following:		
Theresa Alfieri			
Name of Person	•		
C T CORPORATION SYSTEM		4	535
Name of Firm/Company	,	ტი 	(S)
111 8th Avenue, 13th Floor		TAR I	
Address		ယ	23.53 7.53 7.53 7.53 7.53 7.53 7.53 7.53
New York, New York 10011		AH O:	
City/State and Zip Code		<u>့</u> ပျ	
theresa.alfieri@wolterskluwer.com		()	हें? इंट
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	•		
Theresa Alfieri 212	894-8516		
Name of Person Area Code	Daytime Telephone Number		

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INHS17 (2/14)

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	ions of section 605.0115, Florida Statutes, the un	ndersigned,
NRAI SERVICES	, INC.	, hereby resigns as
	Name of Registered Agent	1 10100) 1001810 00
Registered Agent for	ALENA HOSPITALITY SSL, LLC	
	Name of Limited Liability Company	
M14000006171		
Document l	Number, if known	
A copy of this resignat	tion was mailed to the above listed limited liabil	ity company at its last known address.
The agency is termina	ted and the office discontinued on the 31st day a	after the date on which this statement is filed.
	Signature of Resigning Age	₩ -3 SS
If signing on behalf of	an entity:	
	NRAI Services, Inc Theresa Alfier	1 0: 53
	Typed or Printed Name	 53 gi
	Assistant Secretary	
	Сарасіту	

\$ 85.00 \$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314