

M14000007317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

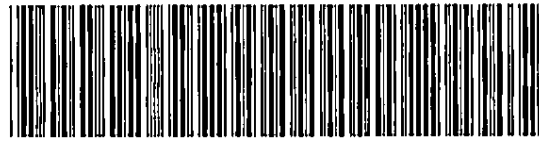
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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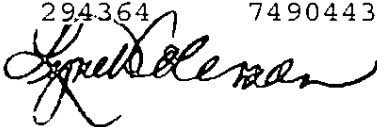
2021 DEC 13 AM 8:42

CLERK OF STATE
TALLAHASSEE, FL

Y SULKER

DEC 14 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 294364 7490443
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 10, 2021
ORDER TIME : 2:46 PM
ORDER NO. : 294364-015
CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: IHP WEST PALM BEACH (FL)
OWNER, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IHP West Palm Beach (FL) Owner, 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:

ATTN: Director of Legal

(Name of Person)

DigitalBridge Group, Inc.

(Firm/Company)

590 Madison Avenue, 34th Floor

(Address)

New York, New York 10022

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Mayers

(Name of Person)

212 547-2600
at (_____) _____
(Area Code & Daytime Telephone Number)

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IHP West Palm Beach (FL) Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/09/2014

(Date registered with Florida Department of State)

M14000007317

(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.

/s/ Donna Hansen

(Signature of authorized representative)

Donna Hansen

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2014 DEC 13 AM 8:42
CLERK OF STATE
TALLAHASSEE, FL