M14000001323

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: 3

Wilhdrawal

DEC 1 4 2021 IALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 294364, 7490443

AUTHORIZATION : Spellette ma

COST LIMIT : \$ 25.00

ORDER DATE: December 10, 2021

ORDER TIME : 9:13 AM

ORDER NO. : 294364-010

CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: IHP TAMPA (FL) OWNER, LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

TO: Registratio Division of	n Section Corporations		
IHP T SUBJECT:	ampa (FL) Owner, LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withda	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	g:
ATTN: Director of	Legal		
	(Name of Person)		_
DigitalBridge Gro	ир, Inc.		
	(Firm/Company)		_
590 Madison Ave	nue, 34th Floor		
	(Address)	· ·	_
New York, New Y	ork 10022		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	olease call:	
Carol Mayers		212 at (547-2600
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	on Section of Corporations		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

IHP Tampa (FL) Owner, LLC	2621
(Name of limited liability company)	S
Delaware	- w
(Jurisdiction of its organization)	=
10/09/2014	M1 8:
(Date registered with Florida Department of State)	
M14000007323	
(Florida Document Number),	
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of the state of the date inserted as the document's effective date on the Department of the state of the date o	g requirements.
(Signature of authorized representative)	_
(Typed or printed name of signee)	_

Filing Fee: \$25.00