## 115000003028

	<del></del>	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
<b>\</b>	,, === ,	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
(-	,	
C-Altinut Carrian	Cadiliantes of	Status
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
}		
<del></del>		

Office Use Only



700314473897

06/15/18--01008+-011 \*\*25.00

18 JUN 15 PH 2: 19
SECRETARY OF STATE

## **COVER LETTER**

	istration ision of	Section Corporations			
SUBJECT:	Ashfor	d TRS Gainesville LLC			
Jobotte I.		(Name of Fo	reign Limited Liab	oility Co	ompany)
Dear Sir or N	Jadam:				
The enclosed	d withdra	wal and fee(s) are submitte	ed for filing.		
Please return	all corr	espondence concerning this	matter to the follo	owing:	
Ruth Shumv	vay				
		(Name of Person)			
Ashford					
		(Firm/Company)	_		
14185 Dalla	s Parkwa	ay, Suite 1100			
		(Address)			
Dallas, TX	75254				
	-	(City/State and Zip Cod	le)		
For further in	nformatic	on concerning this matter, p	lease call:		
Ruth Shumw	vay		972 at (		778-9203
	(Na	me of Person)	(Area Co	ode & [	Daytime Telephone Number)
Reg Divi Clift 266	istration ision of C ton Build I Execut	Corporations	R D P	Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations to 6327 ssee, Florida 32314
Enclosed is a	a check I	for the following amount:			
S25 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

Ashford TRS Gainesvi	ille LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
4/22/15		
	(Date registered with Florida Department of State)	
B15000003028		
	(Florida Document Number)	
Effective Date, if of (If an effective date more than 90 days a <b>Note:</b> If the date ins	ther than the date of filing:  is listed, the date must be specific and cannot be prior to date of after filing.)  serted in this block does not meet the applicable statutory filing elisted as the document's effective date on the Department of S	(optional) of filling or of section rements. FILED TALKSEE, FI
	(Signature of authorized representative)	H 2: 19 STATE
Derio	c S. Eubanks, President	
	(Typed or printed name of signee)	

Filing Fee: \$25.00

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford TRS Gainesville LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
4/22/15
(Date registered with Florida Department of State)
B15000003028
(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:
(Signature of authorized representative)
Deric S. Eubanks, President
(Typed or printed name of signee)

Filing Fee: \$25.00