MSWWYOTO

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Ci	u/State/Zie/Dhan	0.40		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
	•	•		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
·				

Office Use Only



900271353359

SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

JUN 0 9 2015

BRUCE

*file first do not separate

ACCOUNT NO. : I2000000195

REFERENCE :

659452

4312468

AUTHORIZATION

COST LIMIT

ORDER DATE: June 5, 2015

ORDER TIME : 9:05 AM

ORDER NO. : 659452-035

CUSTOMER NO: 4312468

FOREIGN FILINGS

NAME: ASHFORD HARBOUR ISLAND GP LLC

XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		CORPORATE LIMITED PARTNERSHIP	₹ ₀ ~
XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935			DIS JI
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935	<u>xxxx</u> w	ITHDRAWAL/CANCELLATION	SS +
XX PLAIN STAMPED COPY CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935	PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:	STATE LORIC
•	XX	PLAIN STAMPED COPY	IDA IDA
EXAMINER:	CONTAC	F PERSON: Courtney Williams - EXT# 62935	
		EXAMINER:	

COVER LETTER

TO:

Registration Section

Division of Corporations Ashford Harbour Island GP 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: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$55 Filing Fee & □ \$60 Filing Fee, ■ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status & Certified Copy Certificate of Status

Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford Har	bour Island GP LLC		
-	(Name of limited liability company)		
Delaware	·		
	(Jurisdiction of its organization)		
May 22, 201	5		
 	(Date registered with Florida Department of State)		_
M15000004	070		
	(Florida Document Number)		.
This limited 1	iability company is withdrawing its certificate of authority in this	s state.	
	(Signature of authorized representative) David A. Brooks, President	2015 JUN -8 A SECRETARY OF TALLAHASSEE. F	
	(Typed or printed name of signee)	STATE LORID	0

Filing Fee: \$25.00