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Special Instructions to Filing Officer.					

Office Use Only



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NOV 20 2019 S. YOUNG CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
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REFERENCE : 055137 / 7295683

AUTHORIZATION: Spelle Mon

COST LIMIT : \$ 25.00

ORDER DATE: November 18, 2019

ORDER TIME : 11:51 AM

ORDER NO. : 055137-005

CUSTOMER NO: 7295683

FOREIGN FILINGS

NAME: KHRG ZAMORA 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: Amanda Robinson - EXT# 62968

COVER LETTER

	gistration vision of	Section Corporations			
SUBJECT:	KHRG	Zamora LLC			
SOBSECT.		(Name of For	reign Limited Liab	oility Co	ompany)
Dear Sir or A	Madam:				
The enclosed	d withdra	iwal and fee(s) are submitte	ed for filing.		
Please return	all corr	espondence concerning this	matter to the follo	owing:	
Grace Nishi	kawa				
		(Name of Person)			
Kimpton Ho	otel & Re	estaurant Group, LLC			
		(Firm/Company)			
222 Kearny	Street #2	200			
		(Address)			
San Francisc	co, CA	94108			
•		(City/State and Zip Cod	le)		
For further is	nformatio	on concerning this matter, p	lease call:		
Grace Nishi	kawa		415 at (١	733-9679
	(Na	une of Person)		ode & D	Paytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDR Registration Section Division of Corpor Division of Corpor Tallahassee, Florida Tallahassee, Florida			tion Section of Corporations x 6327		
Enclosed is	a check	for the following amount:			
□ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fe Certified Cop		☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KHRG Zamo	ora LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
December 17	⁷ , 2015	
	(Date registered with Florida Department of State)	.
M150000101	18	
_	(Florida Document Number)	
This limited	d liability company is withdrawing its certificate of authority in this	state.
(If an effect more than 9 Note: If the	ate, if other than the date of filing: Live date is listed, the date must be specific and cannot be prior to d O days after filing.) I date inserted in this block does not meet the applicable statutory fill not be listed as the document's effective date on the Department MAN AMM AMM AMM AMM AMM AMM AMM	ling requirements,
	(Signature of authorized representative)	 -
	Michael DeFrino	7 6
	(Typed or printed name of signee)	FILED

Filing Fee: \$25.00