

M 16 0000008970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000393308320

SEP 9 2022
TALLAHASSEE, FLORIDA

2022 SEP -9 PM 4:26

SEP 9 2022
TALLAHASSEE, FL

2022 SEP -9 AM 8:27

RECEIVED

FILED



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 09, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1761735**

Entity Name: **NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ **Dissolution/Withdrawal**

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: **\$25.00**

Signature: _____



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **September 09, 2022**

Account#: 120000000088

Name: **KEN**

Reference #: **1761735**

Entity Name: **NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**ISSUES? CALL
KEN:
518-213-0738**

Authorized Amount: **\$25.00**

Signature: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONWIDE HOTEL MANAGEMENT COMPANY, 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:

Kay Auer

(Name of Person)

Nationwide Hotel Management Company, LLC

(Firm/Company)

3020 N. Cypress Drive, Suite 240

(Address)

Wichita, KS 67226

(City/State and Zip Code)

For further information concerning this matter, please call:

Kay Auer, Chief Financial Officer at (316) 630-5517
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 |
|--|---|--|--|

FILED

2022 SEP -9 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NATIONWIDE HOTEL MANAGEMENT COMPANY, LLC

(Name of limited liability company)

Kansas

(Jurisdiction of its organization)

11/7/2016

(Date registered with Florida Department of State)

M16000008970

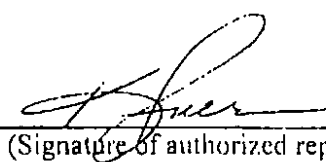
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 9/28/2022 (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.



(Signature of authorized representative)

Kay Auer, Chief Financial Officer

(Typed or printed name of signer)

Filing Fee: \$25.00