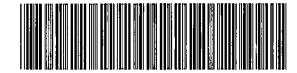
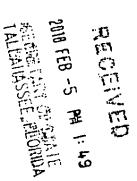
m17000003095

| (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



300308350003



18 FEB -5 AM 8: 58 SECRETARY OF STATE ALLAHASSEE, PLORIDA

S. WARREN FEB 0 6 2018

1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: January 31, 2018 ORDER TIME : 11:23 AM ORDER NO. : 051468-020 CUSTOMER NO: 7481856 FOREIGN FILINGS NAME: HOST BISCAYNE BAY LAND LLC ___ CORPORATE _ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

CORPORATION SERVICE COMPANY

COVER LETTER

TO: Registration Section

| Division of | Corporations | | |
|--|--|---|---|
| Host E | iscayne Bay Land LLC | | |
| 30b3EC1 | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fee(s) are submitte | ed for filing. | |
| Please return all corr | respondence concerning this | matter to the following | : |
| Melissa Durbin | | | |
| | (Name of Person) | | |
| Host Hotels & Reso | rts, Inc. | | |
| | (Firm/Company) | | - |
| 6903 Rockledge Dr | ve, Suite 1500 | | |
| | (Address) | | - |
| Bethesda, Maryland | 20817 | | |
| | (City/State and Zip Coo | ie) | • |
| For further informat | on concerning this matter, p | olease call: | |
| Melissa Durbin | | 240 at (| 744-5163 |
| 7) | ame 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 | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| riosi discayile day italia dile |
|--|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| March 13, 2017 |
| (Date registered with Florida Department of State) |
| M17000002095 |
| (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:(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. |
| |
| ^ |
| De S. Cal |
| Signature of authorized representative) |
| (organitate of authorized representative) |
| Jeffrey S. Clark |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

FILED

18 FEB -5 AM 8: 58

SECRETARY OF STATE
AND ORDER