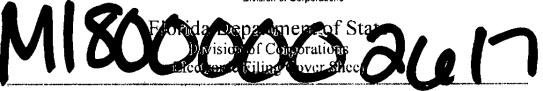
3/21/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000909503)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL HOTEL NORFOLK OPCO GP, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55,00

Electronic Filing Menu Corporate Filing Menu

. . . Hito.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of	limited liability company)	
_	•	, , ,,	
Delaware			
	(Jurisdi	iction of its organization)	
3/15/2018		•	
	(Date registered	with Florida Department of State	
418000002617			
<del></del>	(Flori	ida Document Number)	
This limited liability	company is withdra	wing its certificate of authority	in this state.
If an effective date i		iling:	or to date of filing or
	erted in this block do	pes not meet the applicable state ent's effective date on the Depar	
Note: If the date inse	erted in this block do		
Note: If the date inse	erted in this block do	ent's effective date on the Depar	
Note: If the date inse	erted in this block do		
Note: If the date inserthis date will not be l	erted in this block do	ent's effective date on the Depar	rtment of State's records.
Note: If the date inset his date will not be l	(Signature	ent's effective date on the Department's effective date of the Department's effetive date of the Department's effective d	

Filing Fee: \$25.00