## MBaw8516

(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:
Openial instructions to 1 lining Officer.

Office Use Only



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200 JAN 14 P 8: 20

JANILL PH 1:51

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 579351 4370110

AUTHORIZATION : Some of the same of the sa

COST LIMIT : \$/25,00

ORDER DATE: January 14, 2019

ORDER TIME : 1:17 PM

ORDER NO. : 579351-015

CUSTOMER NO: 4370110

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## FOREIGN FILINGS

NAME: ASHFORD SAINTS GP 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: Emily Croft - EXT# 62925

EXAMINER:

## **COVER LETTER**

Division o	on Section of Corporations			
Ashfo	ord Saints GP LLC			
SOBJECT.	(Name of Fo	reign Limited Liability	Company)	· <del></del>
Dear Sir or Madam	::			
The enclosed without	Irawal and fee(s) are submitte	ed for filing.		
Please return all co	rrespondence concerning this	s matter to the following	g:	
Ruth Shumway				
	(Name of Person)		<b></b>	
Ashford				7A 28
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	-	10 JA
14185 Dallas Park	way, Suite 1100			2010 JAN TU TALLAHASSE
	(Address)		_	্ৰুন ভ
Dallas, TX 75254				FETFLUE
•	(City/State and Zip Coo	lc)	_	Ö <b>o</b>
For further informs	tion concerning this matter, p	olease call:		
Ruth Shumway		972 at (	778-9203	
1)	Name of Person)		k Daytime Telephone Number	•)
Registratio Division o Clifton Bu 2661 Exec	f Corporations	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, 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 of Certified Copy	&

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ashford Saints GPLLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/17/2018
(Date registered with Florida Department of State)
M18000008516
(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:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing of 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)
Christopher Peckham, Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00