

M19000009317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

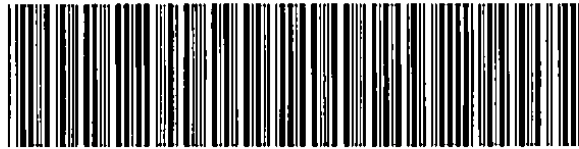
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900354476649

RECEIVED
2020 NOV 17 PM 2:20
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
2020 NOV 17 AM 11:50

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 510763 4345850

AUTHORIZATION :



COST LIMIT : \$ 510763

ORDER DATE : November 16, 2020

ORDER TIME : 11:46 AM

ORDER NO. : 510763-030

CUSTOMER NO: 4345850

FOREIGN FILINGS

NAME: CHOICE VACATION RENTALS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOICE VACATION RENTALS, 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:

AMY TAYLOR

(Name of Person)

CHOICE HOTELS INTERNATIONAL, INC.

(Firm/Company)

1 CHOICE HOTELS CIRCLE, SUITE 400

(Address)

ROCKVILLE, MD 20850

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CHOICE VACATION RENTALS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

09/26/2019

(Date registered with Florida Department of State)

M19000009317

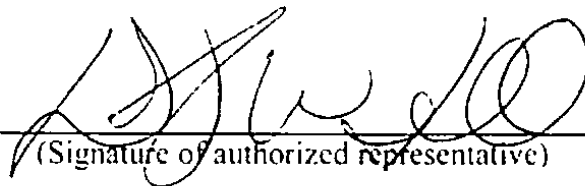
(Florida Document Number)

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.



(Signature of authorized representative)

JEFF W. LOBB, DEP. GEN. COUNSEL & ASST. SECRETARY

(Typed or printed name of signee)

Filing Fee: \$25.00