M9600000008

(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



800082848978

01/02/07--01008--008 **25.00

FILED

07 JAN 19 PM 1: 36

SECRETARY OF STATE
ORIDA

Maria 14N 7 9 2007

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Jacksonville Airport Hotels, LLC (Name of Limited Liability Company)
(Name of Elimited Elability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Hast (Name of Person)
(Name of Person)
mmz Hotel Group (Firm/Company)
(Firm/Company)
1000 Red Feen Place (Address)
(Address)
Floward, ms 39232 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Mike Hart at (601) 936-3666 X.150 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$\sum \\$\sum \\\\\ \sum \\\ \sum \\\ \sum \\\
Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314



January 3, 2007

MIKE HART MMI HOTEL GROUP 1000 RED FERN PLACE FLOWOOD, MS 39232

SUBJECT: JACKSONVILLE AIRPORT HOTELS, LLC

Ref. Number: M96000000008

We have received your document for JACKSONVILLE AIRPORT HOTELS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong forms was completed.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 307A00000315

Neysa Culligan Document Specialist

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Jacksonville Hirport Hotels, CCC
(Name of limited liability company)
Mississippi
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
1000 Red Feen Place (Mailing address)
Floward, MS 39232 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Whihael 1. Hart PE 3
(Signature of member or authorized representative of a member) Wichael J. Hare T.
(Typed or printed name of signee) ASSET OF SIGNET
٠ . • • • • • • • • • • • • • • • • • •

Filing Fee: \$25.00