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SECRETARY OF STATE ALLAHASSEE, FLORIDA

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COVER LETTER

TO:

	Registration Se Division of Co						
SUBJEC [*]	T: AGH UF	PREIT, LLC					
		(Name of Fo	oreign Limited Li	ability	Company)		_
Dear Sir o	or Madam:					,	
The enclo	sed withdraw	al and fee(s) are submit	ed for filing.				
Please ret	urn all corresp	ondence concerning the	s matter to the fo	llowing	; :		
Meegh	ıan Ramsı	∍y					
		(Name of Person)					
Alcor A	cquisition	LLC				Z001 SEC	
		(Firm/Company)				JAN AHA	
6430 R	Rockledge	Drive, Suite 200				2001 JAN 22 P 1: 47 SECRETARY OF STATE ALLAHASSEE, FLORID,	T
		(Address)				5 1: FL0	C
Bethes	da, MD 20	817				RIE,	
		(City/State and Zip Co	de)				
For furthe	er information	concerning this matter,	please call:				
Meegh	an Ramse	У	at (30	1	581-5931		
	(Name	of Person)	(Area	Code &	Daytime Telephone	e Number)	_
R D C 2	Registration Se Division of Co Clifton Buildir	rporations g Center Circle		Regist Divisi P.O. E	ING ADDRESS ration Section on of Corporation Box 6327 assee, Florida 323	s	
Enclosed	is a check for	the following amount	:				
√ \$25 Fil	ing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Certified Co		\$60 Filing F Certificate o Certified Co	f Status &	

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

AGH UPREIT, LLC

(Maine of infifted flatority company)
Delaware
(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.
6430 Rockledge Drive, Suite 200
(Mailing address)
Bethesda, MD 20817 . ARR JAN ASTA N. F
(City/State/Zip)
The limited liability company agrees to notify the Department of State in Experiment of any change in its mailing address.
A A A A A A A A A A A A A A A A A A A
(Signature of member or authorized representative of a member)
Robert Harper, VP
Typed or printed name of signes)

Filing Fee: \$25.00