

CT CORPORATION SYSTEM

CORPORATION(S) NAME

MA 1000000213

Hotel Partners Latin America Caribbean, LLC;

~~Hotel Partners Latin America Caribbean, LLC;~~

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Change of RA |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Photocopies | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

1/15/01

Order#: 2411474

Ref#: _____

Amount: \$ _____

DIVISION OF CORPORATION

01 JAN 16 PM 12:59

RECEIVED

01 JAN 16 PM 2:38
 SECRETARY OF STATE
 TALLAHASSEE, FL 32301

DIVISION OF CORPORATION

APPROVED
 AND
 FILED

800003537648-4
 -01/16/01-01001-008
 *****25.00 *****25.00

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

JMS

FILE 2nd

JB
 FILED

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

Hotel Partners Latin America Caribbean, L.L.C.

(Name of limited liability company)

Illinois

(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.

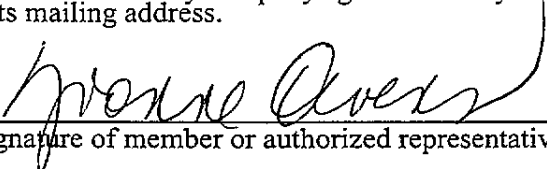
P.O. Box 1807

(Mailing address)

Greenville, SC 29602

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Yvonne Owens

(Typed or printed name of signee)

APPROVED
AND
FILED
01 JAN 16 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00