M98000000204

(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
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2009 JUN -3 AM 11: 20

SECRETARY OF STATE
SECRETARY OF STATE

C. LEWIS

MAY - 5:2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2009

MICHAEL J. HART MMI HOTEL GROUP P.O. BOX 320009 FLOWOOD, MS 39232

SUBJECT: GAINESVILLE CABOT LODGE, LLC

Ref. Number: M98000000204

We have received your document for GAINESVILLE CABOT LODGE, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 509A00015202

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Coinesville Cabot Codge, UC (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:
Michael J. Hart (Name of Person)
MMI Hotel Group (Firm/Company)
P.O. Box 320009 (Address)
Flowed ms 39232 (City/State and Zip Code)
For further information concerning this matter, please call:
at (601) 936-3666
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$30 Filing Fee & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

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

Coinesville Cabot Ladge, UC
(Name of limited liability company)
Tenness-
(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 320009 (Mailing address)
(Maning address)
Floward, MS 39232 (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Wyshard I Hart
(Signature of member or authorized representative of a member)
Michael J. Hart
(Typed or printed name of signee)
7 C

Filing Fee: \$25.00