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(Req	uestor's Name)	
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(City,	/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MeriStar Sub 5H, LLC		
(Name of Foreign	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted fo	r filing.	
Please return all correspondence concerning this mat	ter to the following:	
Meeghan Ramsey		
(Name of Person)		
Alcor Acquisition, LLC		
(Firm/Company)	* <b>2</b>	
6430 Rockledge Drive, Suite 200		
(Address)		
Bethesda, MD 20817		
(City/State and Zip Code)		
For further information concerning this matter, pleas	e call:	
Meeghan Ramsey	at ( 301 ) 581-5931	
(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:		
	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

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

Weilstal Sub 5H, ELC
(Name of limited liability 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
(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)
Robert Harper, VP
(Typed or printed name of signee)

Filing Fee: \$25.00

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