

M98000001497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

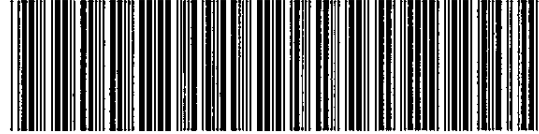
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700039608077

04 OCT 18 11:04
DIVISION OF CORPORATION

FILED
04 OCT 18 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 929862 4380006

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 15, 2004

ORDER TIME : 9:26 AM

ORDER NO. : 929862-095

CUSTOMER NO: 4380006

CUSTOMER: Ms. Melissa Durbin-72.862
Host Marriott Corporation
6903 Rockledge Drive
Suite 1500
Bethesda, MD 20817-1109

FOREIGN FILINGS

NAME: CCMH PALM BEACH LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 2956

EXAMINER: _____

FILED
04 OCT 18 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
OCT 18 PM 2:53
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CCMH Palm Beach LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

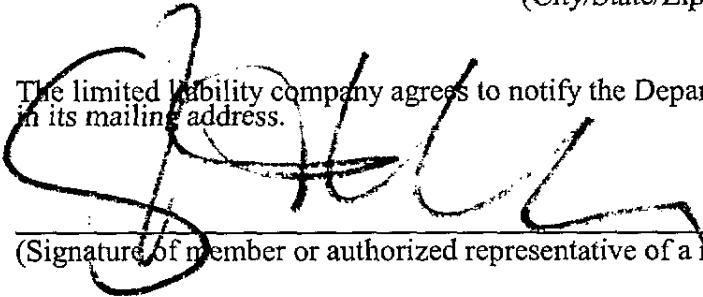
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

6903 Rockledge Drive, Suite 1500
(Mailing address)

Bethesda, Maryland 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)

John A. Carnella
(Typed or printed name of signee)

Filing Fee: \$25.00