

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

Office of the Clerk

November 20, 2014

BETH EPSTEIN UCC RETRIEVALS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA 23111

RECEIPT

RE: Apple Six North Carolina, L.P.

ID: L019988 - 7

DCN: 14-11-19-1223

Dear Customer:

This receipt acknowledges payment of \$25.00 to cover the fee for filing with this office a certificate of cancellation on behalf of the above-referenced limited partnership.

This receipt also acknowledges payment of \$100.00 to cover the fee for expedited service.

The effective date of the certificate is November 20, 2014.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck

Clerk of the Commission

HOLD FOR PICK-UP

UCC RETRIEVALS, INC.
BETH EPSTEIN / TRACI GOODMAN / MARY COLLINS
7288 HANOVER GREEN DR.
MECHANICSVILLE, VA 23111
(804) 559.5919

STATE CORPORATION COMMISSION 1300 EAST MAIN STREET RICHMOND VA 23209-1197 LO19988-7 11/19日 1411119 1223 由125

NOVEMBER 19. 2014

NEXT DAY EXPEDITE!!

DEAR SIRS,

PURSUANT TO INSTRUCTIONS OF COUNSEL, I ENCLOSE FOR FILING ON BEHALF OF:

APPLE SIX NORTH CAROLINA, L.P.

CERTIFICATE OF CANCELLATION

PLEASE RETURN (1) CERTIFIED COPY OF THE ATTACHED FILING (for foreign entities c/c the application only!)

CHECK(S) IN PAYMENT OF THE REQUIRED FEES ARE ENCLOSED. I WOULD APPRESIATE YOU TELEPHONING ME AT (804) 559-5919 IF THERE IS A PROBLEM WITH THIS FILING AND TO ADVISE ME WHEN THE EVIDENCE IS AVAILABLE TO BE PICKED UP.

THANK YOU FOR YOUR ASSISTANCE IN THIS REGARD.

SINCERELY,
BETH EPSTEIN

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SCC21.2 (05/14) COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION OFFICE OF THE CLERK 1300 E MAIN ST

RICHMOND, VA 23219 (804) 371-9733

1-866-722-2551 Toll-free in Virginia



This form <u>MUST</u> be completed and placed on top of <u>EACH</u> document submission (so it can be readily identified as a request for expedited review and processing).

Name of	Corpo	oration or Company (etc.):	SCC ID No. (if known):			
APPLE SIX NORTH CAROLINA, L.P.							
Custome	r Con	tact Information:	Send Evidence of Expedited Filing By:				
Firm:	UCC	Retrievals, Inc.	(Choose one) Two duplicate copies of this typed				
	Beth	Epstein	Email	form must be submitted			
Attn:			(5 II i	See "Return of Evidence" in th			
Address:	7288	7288 Hanover Green Dr.		(Email is only available for Categories A, C and D.)			
	Mech	nanicsville VA 23111	Hold for Pickup (Available at 4:00 p.m.)		JU p.m.)		
	(0	city or town) (state) (zip code)	L	ass Mail			
Telephon	e: (804 559 5919 15 ext	1 11 11	Express Mail I envelope required.)			
	\		Overnig		Fed Ex		
Email:	Email: (Completed waybill required. For Fed Ex, the waybil must be computer-generated with a barcode.)						
~~ See Information & Instructions for description of Categories. ~~ FOR OFFICE USE ONLY							
		·	ategories. ∼ * Expedite Fe	۵.	SE UNLT		
(mark service			•		1223		
✓ Categ	jory A	Expedite Business Entity Document listed in Schedu	le A				
		Same Day Service (Received by Noon)	\$ 200				
		✓ Next Day Service (Received by 4:00 p.m.)	\$ 100		•		
Categ	jory B	ory B Preliminary Review of Document listed in Schedule A (2 nd Business Day Service Only – Received by 4:00 p					
		Resubmission within 30 Days of initial Pre-Review	•		,		
Category C Expedite Business Entity Document listed in Schedu			le C \$ 50				
		(Next Day Service Only - Received by 4:00 p.m.)					
Categ	jory D		\$ 50	1/0	IFE		
		(Next Day Service Only – Received by 4:00 p.m.)					

*** Submit one payment for <u>all</u> applicable fees (e.g., charter/entrance, reinstatement, filing <u>and</u> expedite fees)

05,016

CIS0353 CIS 11/19/14 1 35 CISM3220 LIMITED PARTNERSHIP DATA INQUIRY 17:15:18 L/P ID: ✓L019988 - 7 STATUS: 00 ACTIVE ✓ STATUS DATE: 11/05/13 L/P NAME: ✓Apple Six North Carolina, L.P. DATE OF FILING: 12/22/2008 PERIOD OF DURATION: INDUSTRY CODE: 00 MERGER INDICATOR: STATE OF FILING: VA VIRGINIA LLP-EFF-DTE: LLP-CONT-DTE: LLP-EXP-DTE: PRINCIPAL OFFICE ADDRESS LLP-STATUS: N STREET: 814 E MAIN ST CITY: RICHMOND STATE: VA ZIP: 23219-0000 REGISTERED AGENT INFORMATION R/A NAME: CT CORPORATION SYSTEM STREET: 4701 COX ROAD, SUITE 285 RTN MAIL: CITY: GLEN ALLEN STATE: VA ZIP: 23060-0000 R/A STATUS: 5 CORP/LLC/RLLP R EFF DATE: 10/04/13 LOC: 143 HENRICO COUNTY YEAR FEES PENALTY INTEREST BALANCE 50.00 14 COMMAND:

4AÛ

CIS0353 CIS 11/19/14 1 35 CISM3240 MICROFILM INQUIRY 17:16:13

L/P NAME: Apple Six North Carolina, L.P.____

COURT LOCALITY: 143 HENRICO COUNTY TOTAL CHARTER FEES:

MICROFILM NO DOCUMENT TYPE DATE CHARTER FEE PAGES
13 10 21 0013 LRAC > LP RA CHG 10/04/13 897
08 12 05 1299 NLP > NEW LP 12/22/08 1



COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

CERTIFICATE OF CANCELLATION OF A VIRGINIA LIMITED PARTNERSHIP

The undersigned, on behalf of the limited partnership set forth below, pursuant to Title 50, Chapter 2.1 of the Code of Virginia, state(s) as follows:

1.	• • • • • • • • • • • • • • • • • • • •				
	Apple Six North Carolina, L.P.				
2.	The effective date of the filing of the limited partnership's certificate of limited partnership				
	with the State Corporation Commission was Decemb	er 22, 2008			
3.	The certificate of cancellation is submitted for filing for the following reason(s):				
	LP no longer conducting business				
4.	The limited partnership has completed the winding up of its affairs.				
5.	Other information that the partners have determined to include herein, if any:				
Sig	gnature(s) of ALL general partners:				
•		11/19/2014			
	BRE Sciect Hotels North Carolina GP LLC, its general partner, Phillip Solomond, Authorized Person	(date)			
<u>0y 1</u>	(printed name and title)	(telephone number (optional))			
	(signature)	(date)			
•	(printed name and title)	(telephone number (optional))			
	(signature)	(date)			
	(printed name and title)	(telephone number (optional))			
	L0199887				
	(limited partnership's SCC ID	No.)			
PRIVACY ADV included in busi	ISORY: Information such as social security number, date of birth, maiden name, or fina iness entity documents filed with the Office of the Clerk of the Commission. Any informa	ncial institution account numbers is NOT required to be ation provided on these documents is subject to public viewin			
	SEE INSTRUCTIONS ON TH	E REVERSE			
Lucus		***************************************			
Pro bla	ovide a name and mailing address for sending correspondence reg nk, correspondence will be sent to the registered agent at the regi	arding the filing of this document. (If left stered office.)			
Ke	vin Boroumand				

(name)

Simpson Thacher & Bartlett, 425 Lexington Avenue, New York, NY 10017
(malling address)