Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000217035 3)))



H250002170353ABCZ

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone : (855)498-5500

: (800)472-0533 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL TALLEY CULEBRA 2017, LLC

Certificate of Status	0
Certified Copy	1
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K. SALY

IUN 1 9 2025

C	OVER LETTER	H25000217035
TO: Registration Section Division of Corporations		
SUBJECT: Tilly Colors	Col7, LLC oreign Limited Liability Company)	
(Name of F	oreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted	ted for filing.	
Please return all correspondence concerning the	is matter to the following:	
-	-	
(Name of Person)		
(Marie III ) Champ		
	_	
Capitol Services - Corporate Filings	Team	
(Fimi/Company)		
515 East Park Avenue 2nd Fl		
(Address)		
Tollohaanaa Et 20001		
Tallahassee , FL 32301 (City/State and Zip Co	ede)	
,		
For further information concerning this matter,	please caff:	
	at (855) 498 - 5500	
(Name of Person)	(Area Code & Daytime Telephone Num	her)
STREET/COURIER ADDRESS: Amendment Section	MAILING ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
The Centre of Tallahassee	P.O. Box 6327	
2415 N. Monroe Street, Suite 810	Tallahassee, FL 32314	
Enclosed is a check for the following amount	:	
S25 Filing Fee S30 Filing Fee & Certificate of Status	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of State Certified Copy	us &:

H25000217035

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

T11 111 212 110	
Talley Colors 2017 LLC (Name of limited liability company)	
(Name of nonted habitry company)	
Texas (Jurisdiction of its organization)	F
(Date registered with Florida Department of State)	3
M21000009561	PM 2: 29
(Florida Document Number)	. 29
This limited liability company is withdrawing its certificate of authority in this state.  Effective Date, if other than the date of filing:	
(If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
(Signature of authorized representative)  Thomas Usthan Clark	

Filing Fee: \$25.00

(Typed or printed name of signee)