B040000019

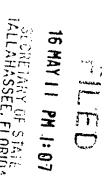
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200285310002

05/11/16--01015--013 **52.50



MAY 1 3 2016 Y SULKER

COVER LETTER

то:	Registration Division of	Section Corporations			
SUBJI	E CT: TVLY (FLORIDA) LP			
	(Name of	Foreign Limited Partnersh	ip or Limited Liab	ility Lim	ited Partnership)
The en	closed Notic	e of Cancellation and f	ee(s) are submi	itted for	filing.
Please	return all co	rrespondence concerni	ng this matter to) :	
Kristi W	Vooddell				
		(Contact Person)			
Sabre					
		(Firm/Company)			
3150 Sa	bre Drive				
		(Address)			
Southlal	ke. Texas 7609	2			
		(City, State and Zip Code)			
For fur	ther informa	tion concerning this m	atter, please cal	11:	
Kristi W	/ooddell		at (⁶⁸²) 605-	-1572
	(Name of Cor	ntact Person)		ode and D	Daytime Telephone Number)
Enclos	ed is a check	for the following amo	ount:		
\$52.5	0 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Fili and Certified C	4.0	S113.75 Filing Fee, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING ADDRESS:			
Registration Section			Registration Section		
Division of Corporations			Division of Corporations P. O. Box 6327		
Clifton Building 2661 Executive Center Circle			Tallahassee, FL 32314		
Tallahassee, FL 32301			a tille		, a su - U su U A I

NOTICE OF CANCELLATION **FOR** FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	TVLY (FLORIDA) LP		
(Name of limited parti	nership or limited liabi	lity limited partnership)	
	DELAWARE		
(J	urisdiction of formatic	on)	
	3/19/2004		
(Date author	ized to transact busine	ss in Florida)	
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.	•	nited partnership is no longer s certificate of authority pursuant to	
This entity appoints the Florida Deprights of action arising out of the tra		s its agent for service of process for ess in this state.	
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: than 90 days after the	dute this document is filed by the Forida	
Signature of a general partner:	· · · · · · · · · · · · · · · · · · ·	PH 1: 08 OF STATE E. FLORIDA	
Typed or printed name:			
TVL LLC, GP BY: STEVE MILTON, CO	ORP. SECRETARY		
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		