13140000000281

(Re	questor's Name)	
- (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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APPROVEU AND FILED

COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: YTG PALM BEACH IL NR, I		
(Name of Foreign Limited Partn	ership or Limited Liability Limited Partnership)	
The enclosed Notice of Cancellation at	nd fee(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to:	
Alexandra Logan		
(Contact Person)		
TPA Group, LLC		
(Firm/Company)		
1776 Peachtree Street NW		
(Address)		
Atlanta, GA 30309		
(City, State and Zip C	ode)	
For further information concerning thi	s matter, please call:	
Alexandra Logan	at (770) 436-3400	
(Name of Contact Person)	(Area Code and Daytime Telephone Number)	
Enclosed is a check for the following	amount:	
\$52.50 Filing Fee		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

YTG PALM BEACH IL NR, LP	
(Name of foreign limited partnership or limited liability limited	ited partnership)
B14000000281	
(Florida Document Number of the Foreign LP or I	.l.l.P)
Delaware	
(Jurisdiction of formation)	-
12/10/2014	
(Date authorized to transact business in Florida	a)
This foreign limited partnership or limited liability limited partr transacting business in Florida and wishes to cancel its certifica s. 620.1907, F.S.	
This entity appoints the Florida Department of State as its agent rights of action arising out of the transaction of business in this	
Effective date, if other than the date of filing: \[\left \left 2 \right 2 \right	•
NOTE: If the date inserted in this block does not meet the app requirements, this date will not be listed as the document's effer Department of State's records.	
Signature of a general partner:	2022
Typed or printed name:	

\$52.50

\$52.50 \$8.75

J. Bradford Smith

Certified Copy (optional): Certificate of Status (optional):

Filing Fee: