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Division of Corporations

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: {850}617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

DISSOLUTION OR WITHDRAWAL TCR OPERATING COMPANY, INC.



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TO:	Amendment Section Division of Corporations			
SURT	ECT: TCR OPERATING COMPANY, IN	NC.		
0000	ber.	(Name of Corporation	n)	
DOC	JMENT NUMBER: F00000006395			
The er	eclosed withdrawal application and	fcc are submitted for fi	ling.	
	return all correspondence concerning to the following:	z this		
	MARCIA L. MOODY	•		
		(Name of Person)		
	TCR OPERATING COMPANY, INC.			
(Firm/Company)				
3819 MAPLE AVENUE				
(Address)				
	DALLAS, TX 75219			
	((City/State and Zip code)	
For fu	rther information concerning this ma	ner, please call:		
MARC	TIA L. MOODY	at (214) 9	22-8431	
Enclo	(Name of Person) sed is a check for the amount:	(Area Coo	ie & Daytime Telephone Number)	
53 3	5 Filing Fee \$43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahasson El. 32301	

TCR OPERATING COMPANY, INC.

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(Name of Corporation)

F00000006395	
(Document Number of Corporation	(if known)
TI:XAS	
(Incorporated Under Laws	લ)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
3819 MAPLE AVENUE	
(Mailing Address)	
DALLAS, TX 75219	
(City/ State //.ip)	
The corporation agrees to notify the Department of State in the full (Signature of a director, president or other officer - if in the leaded of receiver or other court appointed fiduciary, by that fiduciary)	ture of any change in its mailing address.
MARCIA L. MOODY	ASSISTANT SECRETARY
(Typed or printed name of person signing)	(Title of person signing)

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