

F96000004339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

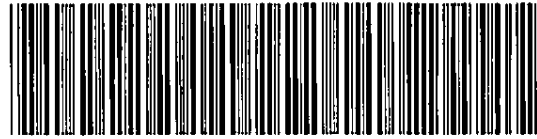
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

20 FEB -7 10:00:55

O SIMMONS

FEB 12 2020



RESUBMIT
Please give original
submission date as file date

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2020

CSC

SUBJECT: TCC NORTH FLORIDA DEVELOPMENT #1, INC.
Ref. Number: F96000004339

We have received your document for TCC NORTH FLORIDA DEVELOPMENT #1, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 920A00002890

20 FEB 11 11:10:51

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 172937 4354355

AUTHORIZATION :



COST LIMIT : \$35.00

ORDER DATE : February 6, 2020

ORDER TIME : 10:03 AM

ORDER NO. : 172937-015

CUSTOMER NO: 4354355

FOREIGN FILINGS

NAME: TCC NORTH FLORIDA
DEVELOPMENT #1, INC.

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TCC North Florida Development #1, Inc.

(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TCC North Florida Development #1, Inc.

(Name of Corporation)

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2100 McKinney Ave Ste 800

(Mailing Address)

Dallas, TX 75201

(City/ State /Zip)

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TALLAHASSEE, FL

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

Rebecca M Savino

(Signature of a director, president or other officer - if in the hands of a
receiver or other court appointed fiduciary, by that fiduciary)

02/06/2020

(Date)

Rebecca M. Savino

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35