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## **COVER LETTER**

TO: Registration Division of	n Section Corporations				
SUBJECT: U/	VIVERSITY VYELG (Name of Fo	uts ~ TALLA	+	الدد	
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following	:		
Charl	les W. Kirch	r Jr.			
	(Name of Person)				
Kinche	M PAMILY PA	RTNERS			
	(Firm/Company)		•		
1300 E	PRISTOL STRE	ET NORTH, ST	TE 100		
	(Address)		-		
NEWPOR	T PEACH, CAL	92660		20H	2
-	(City/State and Zip Coo	le)	-	ERES LAHA	
For further informati	ion concerning this matter, p	lease call:		ARY SSE	
Charle	, W. Kircher J	7. at 949	720-9753 Daytime Telephone Number)	PH 4:5 OF STATE E FLORID	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	KIE RIBA	-
Registration Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check	for the following amount:				
\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status &		

Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(	UNIVERSITY		TALLAHASSEE	TIC	13,	LLC
•		(Name of li	mited liability company)			
	DELAWARE					
		(Jurisdict	ion of its organization)			
	JUNE 16,	2005				
		(Date registered w	ith Florida Department of State)			
	M05000	0003414				
(Florida Document Number)						

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Charles W. Kircher, Jr.

(Typed or printed name of signee)

PILED
2011 DEC 23 PM 4:51
PALLAHASSEE FLORING

Filing Fee: \$25.00