

M05000004920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ATLANTA, FLORIDA

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WASHINGTON, DC

DEC 19 2016

Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 426277 5138497

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : December 16, 2016

ORDER TIME : 3:56 PM

ORDER NO. : 426277-020

CUSTOMER NO: 5138497

DOMESTIC FILINGS

NAME: TA CONTINENTAL PLAZA LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TA Continental Plaza, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Syrmis

\_\_\_\_\_  
(Name of Person)

TA Realty LLC

\_\_\_\_\_  
(Firm/Company)

28 State Street, 10th Floor

\_\_\_\_\_  
(Address)

Boston, MA 02109

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Syrmis

\_\_\_\_\_  
(Name of Person)

at ( 617 ) 476-2797

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TA Continental Plaza, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

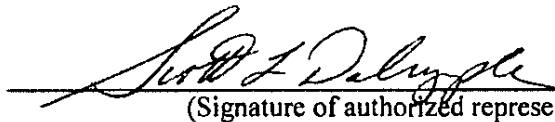
09/06/2006

(Date registered with Florida Department of State)

M05000004920

(Florida Document Number)

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

  
(Signature of authorized representative)

Scott L. Dalrymple

(Typed or printed name of signee)

FILED  
16 DEC 16 AM 8:42  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**