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EXAMINER



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: TFA National Operations Agency, 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:			
Sue Temple			
(Name of Person)			
Title First Agency, Inc			
Title First Agency, Inc. (Firm/Company)			
250 E. Town Street			
(Address)			
Columbus, OH 43215			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Sue Temple at (614) 493-5714			
Sue Temple at (614) 493-5714 (Name of Person) (Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:			
Enclosed is a check for the following amount: \$\Begin{align*} \text{\$\subset\$25 Filing Fee & B\$30 Filing Fee & B\$55 Filing Fee & B\$60 Filing Fee,} \$\Begin{align*} \text{\$\subset\$\$} \text{\$\subset\$} \$\sub			
Certificate of Status Certified Copy Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

TFA National Operations Agency, LLC (Name of limited liability company)
(Name of finited flability company)
State of Ohio (Jurisdiction of its organization)
(Junsaletion of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
250 East Town Street
(Mailing address)
Columbus, OH 42315
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Dirk M. Cantrell
(Typed or printed name of signee)
DEC 16 CRETARY LAHASSE
EC 16

Filing Fee: \$25.00