

MD6000001863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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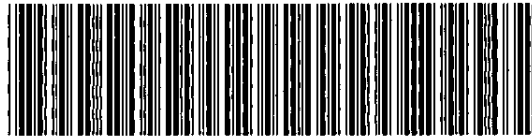
(Business Entity Name)

(Document Number)

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RECEIVED  
11 APR 15 PM 4:13  
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TALLAHASSEE, FLORIDA

B. KOHR  
APR 18 2011  
EXAMINER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 15 AM 8:03



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 746308 4301683

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED  
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DIVISION OF CORPORATIONS  
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*Lyndee*

ORDER DATE : April 15, 2011

ORDER TIME : 3:29 PM

ORDER NO. : 746308-015

CUSTOMER NO: 4301683

FOREIGN FILINGS

NAME: TGM MFF RIA LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX \_\_\_\_ 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: Jeanine Reynolds - EXT# 2933

EXAMINER: \_\_\_\_\_

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 15 AM 8:03

TGM MFF RIA LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M06000001863

(Florida Document Number)

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.

c/o TGM Associates L.P., 650 Fifth Avenue, 28th Floor

(Mailing address)

New York, New York 10019

(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)

Thomas Gochberg, authorized representative

(Typed or printed name of signee)

Filing Fee: \$25.00