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EXAMINER

Office Use Only



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COVER LETTER

TO:

Registration Section Division of Corporations

| SERUECT: TIC | ALTAMONTE SHS 18 | B, LLC | | | |
|---|---|---|--|-----------------|----------|
| | | reign Limited Liability (| Company) | | |
| Dear Sir or Madam; | | | | | |
| The enclosed withdr | awal and fee(s) are submitte | ed for filing. | | | |
| Please return all corr | espondence concerning this | s matter to the following | ; | | |
| | | | | | |
| Ada Padilla-Wo | ltz- | | | | |
| | (Name of Person) | | | | |
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| Ndonali i Nlastinaan | 1.0 | | | | 2011 FEB |
| Moody Nationa | | | | HE - | Ö |
| | (Firm Company) | | | 88 | -2 |
| | | | | شەرىن رىدارى | |
| 6363 Woodway | v. Suite 110 | | | m Ti | 3 |
| | (Address) | | | 25 | ė. |
| | | | | 1237 (T) | 24 |
| Houston, Texas | s 77057-1714 | | | | |
| *************************************** | (City/State and Zip Cod | le) | | | |
| | | | | | |
| For futher infonusti | on concerning this matter, [| olease call: | | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | | | |
| Ada Padilla-Wo | oltz | _{ai (} 713 | 977-7500 | | |
| (N | ame o(Person) | | Daytime Telephone Number) | | |
| | | | | | |
| STREET! | OURIER ADDRESS: | MAII | ING ADDRESS: | | |
| Registration | | Registration Section | | | |
| Division of | Corporations | Division of Corporations | | | |
| Clifton Buil | | P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| | tive Center Circle . Florida 3230) | Tallah | issee, Florida 32314 | | |
| (m)anassec | A COURT OF SOLI | | | | |
| Enclosed is a check | for the following amount: | | | | |
| S25 Filing Fee | S30 Filing Fee & | S55 Filing Fee & | □ S60 Filing Fee, | | |
| 1 | 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

| TIC ALTAMONTE SHS 18, LLC |
|--|
| (Name of limited liability company) |
| Delaware |
| (Turisdiction of its organization) |
| M0600006877 = ~ ~ |
| (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 as cause of action arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business in Floridan arising during the time it was authorized to transact business and Floridan arising during the time it was authorized to transact business and Floridan arising during the time it was authorized to transact business and Floridan arising during the floridan arising are also accept to the floridan ari |
| 6363 Woodway, Suite 110 |
| (Mailing address) |
| |
| Houston, Texas 77057-1714 |
| (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) |
| Please see attached. |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

TIC Altamonte SHS 18, LLC, a Delaware limited liability company

R. Roberts an individual, its sole member

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