*1107000002869

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



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SECRETARY OF STATE FAIL AHASSEE, FLORIDA

2015 JUL -8 PH 2: 01

K.SALY EXAMINER JUL 1 0 2015



RECEIVED

15 JUL -8 PM 3: 46

Letter Number: 515A00012564

FLORIDA DEPARTMENT OF STATE RETAIN OF STATE Division of Corporations

June 16, 2015

JAMES K. LONG RE: TIC PARK CENTRE 15, LLC 1726 LEON RD. CULPEPER, VA 22701

SUBJECT: TIC PARK CENTRE 15, LLC

Ref. Number: M07000002869

We have received your document for TIC PARK CENTRE 15, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

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July 6, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Attn: Karen A Saly, Regulatory Specialist II
PO Box 6327
Tallahassee, FL 32314

RE:

TIC PARK CENTRE 15, LLC, REF. NUMBER: M07000002869 and

TIC PARK CENTRE 19, LLC, REF. NUMBER: M07000002919

Ms. Saly,

Thank you for your correspondence regarding the documents we incorrectly sent you. Enclosed please find the proper documents for filing, along with your letters to us.

Please apply the \$25.00 filing fees (x two) that we previously sent with the incorrect documents to this filing.

Please note our correct mailing address for all financial matters:

James K. Long & Suzanne M. Long PO Box 66 Leon, VA 22725-0066

Thank you for your attention to this matter.

Sincerely,

James K. Long

DOTABLISE IN FOLIS

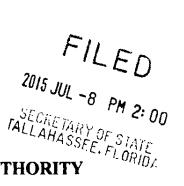
540.547.2537

COVER LETTER

Registration Section

TO:

Divi	ision of Co	rporations		
SUBJECT:	TIC PARK CENTRE 15, LLC			
SUBJECT.		(Name of For	eign Limited Liabilit	y Company)
Dear Sir or N	∕ladam:			
The enclosed	l withdraw	al and fee(s) are submitted	d for filing.	
Please return	all corresp	condence concerning this	matter to the following	ng:
James K.	Long			
-		(Name of Person)		_
TIC PARI	K CENT	RE 15, LLC		
		(Firm/Company)		
РО ВОХ	66			_
		(Address)		
LEON, V	A 22725			
		(City/State and Zip Cod	e)	_
For further in	ıformation	concerning this matter, p	lease call:	
James K. Long			540 at (547-2537
	(Name	of Person)		& 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	a check fo	r the following amount:		
2 \$25 Filing	; Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Conv.



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TIC PARK CENTRE 15, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
05/15/2007
(Date registered with Florida Department of State)
M0700002869
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) James K. Long James M. Long
(Typed or printed name of signee)

Filing Fee: \$25.00