

MO 700000 3704

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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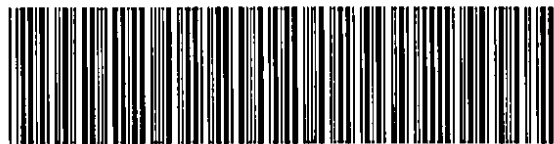
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEVCON TCI LTD CO

(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:

Adrian Corr

(Name of Person)

Miller Simons O'Sullivan Attorneys At Law

(Firm/Company)

P.O. Box 260, Regent House West, Regent Village, Grace Bay

(Address)

Providenciales, Turks and Caicos Islands

(City/State and Zip Code)

For further information concerning this matter, please call:

Adrian Corr

(Name of Person)

+1.649

946.4650

at ()

(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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

2013 DEC 13 P 10:46
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DEVCON TCI LTD CO

(Name of limited liability company)

TURKS AND CAICOS ISLANDS

(Jurisdiction of its organization)

18 June 2007

(Date registered with Florida Department of State)

M07000003704

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

David Chellgren

(Signature of authorized representative)

David Chellgren

(Typed or printed name of signee)

Filing Fee: \$25.00