

MD 700000 7443

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T&S Friedkin TX, L.L.C.

(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:

Lesley Keller

(Name of Person)

The Friedkin Group

(Firm/Company)

1375 Enclave Parkway

(Address)

Houston/TX 77077

(City/State and Zip Code)

For further information concerning this matter, please call:

Lesley Keller

713 580-3204

at (_____) _____

(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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|

APPROVED
AND
FILED

2019 FEB 25 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

T&S Friedkin TX, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/21/2007

(Date registered with Florida Department of State)

M07000007443

(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.



(Signature of authorized representative)

Kimberley A. Jacobson

(Typed or printed name of signee)

2019 FEB 25 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FL 09000

APPROVED
AND
FILED

Filing Fee: \$25.00

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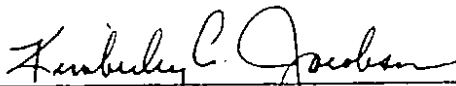
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(Signature of authorized representative)

Kimberley A. Jacobson

(Typed or printed name of signee)

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AND
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SECRETARY OF STATE
TALLAHASSEE, FL 09107

Filing Fee: \$25.00