

MD9000000746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

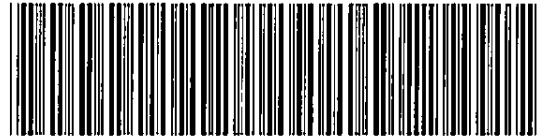
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000426312260

FILED

2024 MAR 28 AM 9:23

TALLAHASSEE, FLORIDA

RECEIVED

2024 MAR 28 AM 11:28

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 03/28/24  
Order #: 1465467-1  
Re: Trp Office Florida, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH-

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "AUTH-" and extends to the right.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRP Office Florida, LLC

(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:

Medeaner Robinson

(Name of Person)

T. Rowe Price

(Firm/Company)

100 E. Pratt Street

(Address)

Baltimore, MD 21202

(City/State and Zip Code)

For further information concerning this matter, please call:

Medeaner Robinson

(Name of Person)

410

577-2303

at ( )

(Area Code & Daytime Telephone Number)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 29, 2024

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: TRP OFFICE FLORIDA, LLC  
Ref. Number: M09000000746

We have received your document for TRP OFFICE FLORIDA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 124A00006803

RECEIVED  
2024 APR 10 AM 11:10  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TRP Office Florida, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

February 23, 2009

(Date registered with Florida Department of State)

M09000000746

(Florida Document Number)

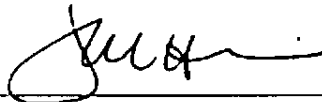
FILED  
2024 MAR 28 AM 9:23  
TALLAHASSEE, FLORIDA

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)

Jessica M. Hiebler

(Typed or printed name of signee)

**Filing Fee: \$25.00**