Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL TMP WATERMARK, L.L.C.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| | on Section of Corporations | | |
|----------------------|--|--|---|
| SUBJECT: TMI | Watermark, L.L.C. | reign Limited Liability (| |
| | (14mile of ro | reign Limned Libbinty (| Lompany) |
| Dear Sir or Mudan | 1: | | |
| The enclosed with | drawal and fee(s) are submine | d for filing. | |
| Please return all co | rrespondence concerning this | matter to the following: | : |
| Sarah McCormick | | | |
| | (Name of Person) | | |
| TMP Watermark, | L.L.C. | | |
| | (Firnt/Company) | | |
| 200 W. Madison, | Suite 3200 | | |
| | (Address) | | |
| Chicago, IL 60606 | i | | |
| | (City/State and Zip Coo | le) | |
| For further inform | ution concerning this matter, p | olease catl: | |
| Sarah McCormick | | 312 at (| 827-7107 1 |
| (| Name of Person) | (Area Code & | Daytime Telephone Number) |
| | COURIER ADDRESS: | | ING ADDRESS: |
| - | on Section | Registration Section | |
| Clifton B | of Corporations | Division of Corporations P.O. Box 6327 | |
| 2661 Exe | eutive Center Circle ee, Florida 32301 | | assee, Florida 32314 |
| Enclosed is a chec | k for the following amount: | | |
| S25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Centified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| TMP Watermark, L.L.C. | | |
|--|---|----|
| (Name of limited liability company) | H | |
| Delaware | | |
| (Jurisdiction of its organization) | | |
| 06/04/2010 | | |
| (Date registered with Florida Department of State) | | |
| M10000002495 | | |
| (Florida Document Number) | | |
| This limited liability company is withdrawing its certificate of authority in this state. | | |
| (Signature of authorized representative) Lauren Meknight (Typed or printed name of signee) | | |
| Lauren McKnight (Typed de printed name of signee) | | |
| • | = | 23 |

Filing Fee: \$25.00

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