## M1200000719

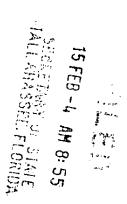
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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J. Stevers FEB 11 MIS

## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
TMS	4, LLC		
SUBJECT:	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the following	:
Kelley Mclaren			
	(Name of Person)		
Trigild			
	(Firm/Company)		
9339 Genesse	Ave #130		
	(Address)		•
San Diego CA	92121		
	(City/State and Zip Coo	le)	•
For further informati	on concerning this matter, p	lease call:	
Kelley McLarer	1	858	<b>242-1222</b>
(N	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ΓMS 4, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
1/13/2012		
(Date registered with Florida Department of State)		
M1200000319		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this star	te.	
(Signature of authorized representative) William J Hoffman	-	
(Typed or printed name of signee)	15 FEB -4 AM 8: 55 STURBLEWY OF SIAIL TAIL AHASSEC FLORID	

Filing Fee: \$25.00