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SUBJECT:	TOCA	LA REALTY, LLC		
SC BOLOT,		(Name of Fo	reign Limited Liabili	y Company)
Dear Sir or N	Madam:			
The enclosed	d withdra	wal and fee(s) are submitte	ed for filing.	
Please return	all corre	spondence concerning this	s matter to the followi	ng:
DAVID R	oss			
		(Name of Person)		_
TELLUS	OPER	ATING GROUP		
		(Firm/Company)		_
602 CRE	SCENT	ΓPLACE		
		(Address)		
RIDGELA	AND, M	S 39157		
		(City/State and Zip Coo	le)	
For further in	nformatio	n concerning this matter, p	olease call:	
DAVID R	oss		601	898-7444
	(Nat	ne of Person)	at ((Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
■ \$25 Filing		□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TOCALA REALIT, LLC	
(Name of limited liability company)	
MISSISSIPPI	
(Jurisdiction of its organization)	
JULY 17, 2012	
(Date registered with Florida Department of State)	
M12000004020	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this stated to the company of the company is withdrawing its certificate of authority in this stated to the company of the company is withdrawing its certificate of authority in this stated to the company of the company of the company is withdrawing its certificate of authority in this stated to the company of the co	te. -
(Typed or printed name of signee)	14 JUN 30 PH 2:17

Filing Fee: \$25.00