M13000000528

| (Re | equestor's Name) | |
|-------------------------|--------------------|--------------|
| (Ac | ddress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | ısiness Entity Nan | ne) |
| , | | ··- , |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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Section to 10 July 10 Section 10

11/1/15

COVER LETTER

| Div | Division of Corporations | |
|-------------------------------------|---|--|
| SUBJECT: | TPA REALTY SERVICES, LLC | |
| (Name of Limited Liability Company) | | |
| | | |
| The enclosed | Articles of Dissolution and fee(s) are submitted for filing. | |
| Please return | all correspondence concerning this matter to the following: | |
| | DAVID R WILLEY | |
| (Name of Person) | | |
| | TPA GROUP, LLC | |
| (Firm/Company) | | |
| | 3350 RIVERWOOD PARKWAY SUITE 750 | |
| | (Address) | |
| | ATLANTA, GA 30339 | |
| | (City/State and Zip Code) | |
| For further in | nformation concerning this matter, please call: | |
| DAVID R WILLEY 770 436-2586 | | |
| | (Name of Person) (Area Code & Daytime Telephone Number) | |
| Enclosed is a | check for the following amount: | |
| ✓ \$ 25. | 00 Filing Fee and Certificate of Dissolution - \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed) | |
| | | |

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

SECRETARY OF A CALL DIVISION OF CORPORATIONS

15 APR -3 PH 1: 48

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| TPA REALTY SERVICES, LLC |
|---|
| (Name of limited liability company) |
| STATE OF GEORGIA |
| (Jurisdiction of its organization) |
| JANUARY 25, 2013 |
| (Date registered with Florida Department of State) |
| M1300000528 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) |
| DAVID R WILLEY |
| (Typed or printed name of signee) |

Filing Fee: \$25.00