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TO: '

	Registration S Division of Co			
SUBJEC'	T: TEC	Capital, LLC	quay an an an an physiology of the constraint of	
		(Name of Fo	reign Limited Liability	y Company)
Dear Sir c	or Madam:			
The enclo	sed withdraw	al and fee(s) are submitte	d for filing.	
Please ret	urn all corres	oondence concerning this	matter to the following	ng:
Thom	nas P. Bli	.ss, Esq. (Name of Person)		_
Bliss	& Hoty-E	liss		_
		(Firm/Company)		
20899	Lorain R	load		_
		(Address)		
Fairv	iew Park,	Ohio 44126		
		(City/State and Zip Cod	le)	
For furthe	r information	concerning this matter, p	lease call:	
Thom	as P. Bli	ss	at (440	356-2600
	(Name	e of Person)	(Area Code	& Daytime Telephone Number)
R E C	tegistration Se Division of Co Ulifton Buildir	rporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Γ	allahassee, Fl	orida 32301		
Enclosed	is a check for	the following amount:		
□ \$2 5 Fil	ing Fee (\$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

TEC Capital, LLC
(Name of limited liability company)
· Ohio
(Jurisdiction of its organization)
May 23, 2013
(Date registered with Florida Department of State)
M13000003299
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Jeffrey K. Faine
(Typed or printed name of signee)

Filing Fee: \$25.00