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| (Red | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| (Bu | siness Entity Nar | ne) | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to | Filing Officer: | | | |
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FLORIDA FILING & SEARCH SERVICES, INC.

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P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/2/15

NAME:

TRINSIC RESIDENTIAL GROUP GP LLC

TYPE OF FILING: WITHDRAWAL

COST:

55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| Division of | Corporations | | | |
|------------------------|---|----------------------------|---|--|
| Division of | | nia Danidantial On | our OBILIO | |
| | Trinsic Residential Group GP LLC | | | |
| SUBJECT: | Alama a Al | | O | |
| | (Name of P | oreign Limited Liability | Company) | |
| | | | | |
| Dear Sir or Madam: | | | | |
| The enclosed withdr | awal and fee(s) are submitt | ted for filing. | | |
| Please return all corn | respondence concerning thi | is matter to the following | ; | |
| | | | | |
| Joanna Sch | ellenger | | | |
| | (Name of Person) | | - | |
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| | | | | |
| Capitol Service | s – Corporate Filing | ıs Team | - | |
| | (Firm/Company) | | | |
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| 900 Brazos Sta | 400 | | | |
| 800 Brazos Ste | (Address) | | - | |
| | (************************************** | | | |
| Austin TX 7870 | 11 | | | |
| 7100111 177 107 0 | (City/State and Zip Co | de) | - | |
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| For further informati | on concerning this matter, | nlease call· | | |
| | v, | preside outs. | | |
| Joanna Schelle | enger | at (800 | \ 345-4647 | |
| | une of Person) | |) 345-4647 Daytime Telephone Number) | |
| · | • | • | , | |
| STREET/C | OURIER ADDRESS: | MATT | LING ADDRESS: | |
| Registration | | Registration Section | | |
| | Corporations | Division of Corporations | | |
| Clifton Buil | ding | P.O. Box 6327 | | |
| | tive Center Circle | Tallah | assee, Florida 32314 | |
| Tallahassee, | , Florida 32301 | | | |
| Enclosed is a check | for the following amount | ; | | |
| \$25 Filing Fee | \$30 Filing Fee & | \$55 Filing Fee & | \$60 Filing Fee, | |
| - | Certificate of Status | Certified Copy | Certificate of Status & | |
| | | | Certified Copy | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Trinsic Residential Group GP LLC | |
|---|---------------------|
| (Name of limited liability company) | |
| Texas | |
| (Jurisdiction of its organization) | #***** 0 |
| 07/17/2013 | |
| (Date registered with Florida Department of State) | |
| M13000004502 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| | |
| 13-14 | |
| (Signature of authorized representative) | |
| Brian J. Tusa, Managing Member | <u> </u> |
| (Typed or printed name of signee) | 三型组 牙 |
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Filing Fee: \$25.00