

M14000006291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

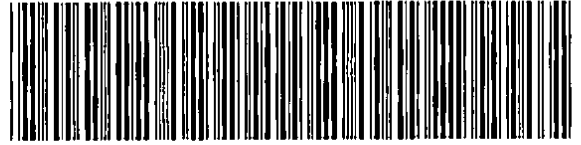
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2018 DEC 26 AM 9:46  
SECRETARY OF REVENUE  
TALLAHASSEE, FL 32399

RECEIVED  
OF STAFF  
18 DEC 26 AM 11:12

OLS  
1-2-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2018

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: TPRF III/CREEKSIDE DISTRIBUTION, LLC  
Ref. Number: M14000006291

We have received your document for TPRF III/CREEKSIDE DISTRIBUTION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name of company must match on all documents submitted.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00026349

RECEIVED  
18 DEC 28 PM 1:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 557345 4329383

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : December 24, 2018

ORDER TIME : 11:51 AM

ORDER NO. : 557345-030

CUSTOMER NO: 4329383

FOREIGN FILINGS

NAME: TPRF III/CREEKSIDE  
DISTRIBUTION, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TPRF III/Creeside Distribution, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Hammond  
\_\_\_\_\_

(Name of Person)

Vinson & Elkins L.L.P.  
\_\_\_\_\_

(Firm/Company)

2001 Ross Avenue, Suite 3900  
\_\_\_\_\_

(Address)

Dallas, Texas 75201  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney Hammond  
\_\_\_\_\_

(Name of Person)

214

220-7824

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

☐ \$25 Filing 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

TPRF III/Creekside Distribution, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/12/2014

(Date registered with Florida Department of State)

M14000006291

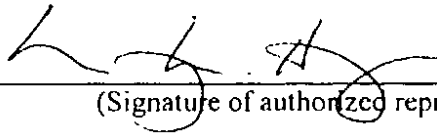
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

By: Mary M. Hager, President of Thackeray Partners GP, LLC, general partner of Thackeray Partners, LP, manager of TPRF III/Creekside Distribution, LLC

(Typed or printed name of signee)

2018 DEC 26 AM 9:44  
SECRETARY OF CLERK  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00