## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCACCOCCOCC

Phone

: (850)205-8842

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL TIN INTERMEDIATE, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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## COVER LETTER

TO: Registration Division of C			
217131011 01 1	, ,		
SUBJECT:	TIN Intern	nediate, LLC	
	(Name of For	eign Limited Liability	Company)
	· ·		
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	d for filing.	
Please return all corre	spondence concerning this	matter to the following	ŗ.
Michelle R. King, c/c	International Paper Comp	any	
<del></del>	(Name of Person)		-
	TIN Intermediate, LLC		_
	(Firm/Company)		
	6400 Poplar Avenue		_
	(Address)		
	Memphis, TN 38197		_
	(City/State and Zip Cod	e)	
For further information	on concerning this matter, p	lease call:	
Michelle R. King		901 at (	419-3870
(Na	rne of Person)		L Daytime Telephone Number)
· STREET/C	OURIER ADDRESS:	MAII	LING ADDRESS:
Registration	Registration Section Registration Section		
Division of C Clifton Build	Corporations	Division of Corporations P.O. Box 6327	
2661 Execut	ive Center Circle		hassee, Florida 32314
Tallahassee,	Florida 32301		
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	© \$30 Filing Fee & Certificate of Status	S \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

5/9/2016 2:13:34 PM From: To: 8506176383( 3/3 )

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TIN Intermediate, LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)	,	_
February 11, 2015		
(Date registered with Florida Department of State)		
M15000001143		<del></del>
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
Maladin	TATE OF THE	5
(Signature of authorized representative)		·
Marla F. Adair, Assistant Secretary	(2 <b>y</b> ⊊ <b>x</b> -	} *******
(Typed or printed name of signee)	# ST.	
Richard Control of the Control of th	) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	Surange 6

Filing Fee: \$25.00