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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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TO: Registration Section Division of Corporations

TP Duval, 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:

Joe D. Stevens

(Name of Person)

Wise Carter Child & Caraway, PA

(Firm/Company)

P.O. Box 990

(Address)

Hattiesburg, MS 39403-0990

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe D. Stevens	5	601 at (582-5551	
(N	ame of Person)		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	

NO	TICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY	7	
TP Duv			
1	(Name of limited liability company)		
Mississi 	ppi (Jurisdiction of its organization)		
06/15/20			
M15000	(Date registered with Florida Department of State) 005039		
	(Florida Document Number)		
This limi	ted liability company is withdrawing its certificate of authority in this state.		
-	$\overline{\mathbf{C}}$		
	(Signature of authorized representative)	2.00 HP 	17
	Davíd C. Oliver, Managing Member		Z.
	(Typed or printed name of signee)		ۍ ا
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	Filing Fee: \$25.00		
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