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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
ALLAHASSEF, FLORIDA

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April 3, 2017

2788 TCPB LLC MARIANNE ADAMS 9688 SW ROYAL POINCIANA DR. PORT ST. LUCIE, FL 34987

SUBJECT: 2788 TCPB LLC Ref. Number: M15000005307

We have received your document for 2788 TCPB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00006366

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: 2788 TCPB 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: |
| Marianne adams (Name of Person) |
| (Firm/Company) |
| 9688 Su Láyal Painciana Dr. (Address) Part Sunt Lucie, FL 34987 (City/State and Zip Code) |
| Part Sunt Lucie FL 34987 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Manual Adams at (412) 345 - 5985 (Name of Person) (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 \$\Bigcup \$30 Filing Fee & Certificate of Status \$\Bigcup \$55 Filing Fee & Certificate of Status \$\Bigcup \$Certified Copy \$\Bigcup \$ |

PILED

2017 APR 14 PM 1: 43

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORIFE FLORIDA

| 2788 TCPB LLC (Name of limited liability company) |
|---|
| |
| (Jurisdiction of its organization) |
| (Date registered with Florida Department of State) |
| (Date registered with Florida Department of State) |
| M 15-00000 5307 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| |
| (Signature of authorized representative) Manden |
| Marianne Adams |
| (Typed or printed name of signee) |

Filing Fee: \$25.00