## MSCUFEDO

(Re	questor's Name)	
(Ad	dress)	
	dress)	
<i>,</i>		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
.*	·	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300311301043

04/23/18--01033--006 \*\*25.00



ubulipos

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	CT. T	Winter Springs F	L LLC	
SUDJE		reign Limited Liability		
Dear Si	or Madam:			
		1.0. (%)		
	losed withdrawal and fee(s) are submitte			
Please r	eturn all correspondence concerning this	matter to the following	:	
	Frank White			
	(Name of Person)		•	
	T Winter Springs	s FL LLC		
	(Firm/Company)			
	16600 Dallas Parkway	Suite 300		
	(Address)			
	Dallas TX 752	48	_	
	(City/State and Zip Co	de)		三三二
For furt	her information concerning this matter, p	olease call:		111 第 23
	Frank White	at (972	)417_5835	A C
	(Name of Person)	(Area Code &	Daytime Telephone Nun	iber) T
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. I	tration Section fon of Corporations Box 6327 nassee, Florida 32314	ROA
	ed is a check for the following amount			
\$25	Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Star Certified Copy	tus &

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

T Winter Springs FL LLC	
(Name of limited liability company)	
Texas	
(Jurisdiction of its organization)	
12/08/2015	
(Date registered with Florida Department of State)	
M1500009806	
(Florida Document Number)	
Effective Date, if other than the date of filing:	ents,
(Signature of authorized representative)  Zaffar S. Tabani  (Typed or printed name of signee)	FILED

Filing Fee: \$25.00