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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500

Fax Number

: (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL T FALLSCHASE FL, LLC

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M. SOLOMON AUG 4 2 2024

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COVER LETTER

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Division o	on Section of Corporations			
		T FALLSCHASE F	L, LLC	
SUBJECT:			<u></u>	
	(Name of F	oreign Limited Liability	Company)	
Dear Sir or Madam				
The enclosed withd	lrawal and fec(s) are submitt	ted for filing.		
Please return all co	rrespondence concerning thi	is matter to the following	g:	
	(Name of Person)	1.5.5.	-	
				2:6
Capital Sanice	es - Corporate Filings	Team		رات) راز مرز
Capitol Service	(Firm/Company)	100111	-	¥ E
				SSS
				m <u>C</u>
515 East Park	Avenue 2nd Fl		_	<u></u>
	(Address))F STATE .FLORID
Tallahassee , l	FL 32301			: m
	(City/State and Zip Co	ode)	<u>-</u>	
For further informa	tion concerning this matter,	please call:		
		nee	400 5500	
	Name of Person)	at (855	1 498 - 5500 E Daytime Telephone Number)	
(,	value of Person)	(Med Code a	e izayiine relejatone ivanaci j	
STREET/	COURIER ADDRESS:	MAI	LING ADDRESS:	
Amendm	Amendment Section Amendment Section		ndment Section	
	of Corporations	Division of Corporations		
	The Centre of Tallahassee P.O. Box 6327			
	Monroe Street, Suite 810 ee, FL 32303	i alia	hassee, FL 32314	
	k for the following amount	:		
S25 Filing Fee	S30 Filing Fee &	S55 Filing Fee &	S60 Filing Fee.	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

H24000281458

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

T FALLSCHASE FL, LLC	
(Name of limited liability company)	
TEXAS	
(Jurisdiction of its organization)	
05/29/2018	
(Date registered with Florida Department of State)	
M18000005081	
(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: (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 recorded.	2024 AUG 22 PM 1: 19
(Signature of authorized representative)	
Zaffar S. Tabani	
(Typed or printed name of signee)	

Filing Fee: \$25.00