## 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 : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL TLC PM UBS PIMCO IF 2021 INVESTOR, LLC

Certificate of Status	0
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## **COVER LETTER**

TO:		stration sion of (	Section Corporations			
SUBJI	ГСT.	TLC PN	UBS PIMCO IF 2021 I	nvestor, LL	C	
SUBJ	eci;		(Name of Fo	orcign Limi	ted Liability	Сотралу)
Dear S	Sir or M	ladam:				Сотралу)
The er	closed	withdra	wal and fee(s) are submitt	ted for filin	g.	
Please	return	all corre	spondence concerning thi	is matter to	the followin	g:
Christ	ina T. I	Rodrigu	ez			
			(Name of Person)			
c/o Ha	aynes a	nd Boor	ne, LLP			
			(Firm/Company)		·	_
2323	Victory	Avenue	e, Suite 700			
		_	(Address)			-
Dallas	s, Texa	s 75219				
			(City/State and Zip Co	xdc)		_
For fu	rther in	formatio	on concerning this matter,	please call	:	
Rober	t Forsy	the		at (	813	537.5300
		(Na	me of Person)			& Daytime Telephone Number)
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclo	sed is a	check:	for the following amoun	t:		
□\$25	5 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status		filing Fee & tified Copy	☐ \$60 Filing Fee,  Certificate of Status &  Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TLC PM UBS P	IMCO IF 2021 Investor, LLC		
	(Name of limited liability company)	~2	- :
Delaware		2821 AUG	
			K T
	(Jurisdiction of its organization)	~	2.5
September 22, 20	020	0	
	(Date registered with Florida Department of State)	7	
M20000008279	· -	M 10:	CORPORATION
			<u></u>
	(Florida Document Number)	_	
This limited li	ability company is withdrawing its certificate of authority in this s	state.	
Effective Date	e, if other than the date of filing:	(optional)	
(If an effective	e date is listed, the date must be specific and cannot be prior to da	te of filing or	
more than 90 o	days after filing.)		
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this date will r	not be listed as the document's effective date on the Department o	of State's records.	
	/s/ Todd R. Wanek	<del></del>	
	(Signature of authorized representative)		
	Todd R. Wanek	<u> </u>	
	(Typed or printed name of signee)		
	August 20, 2021		
	<del>-</del>		

Filing Fee: \$25.00