

M20000008306

Florida Department of State
Division of Corporations
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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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 AUG 20 AM 10:17

LLC DISSOLUTION OR WITHDRAWAL
TLC PM UBS PIMCO IF 2021 MANAGER, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$55.00 |

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

H21000313981

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLC PM UBS PIMCO IF 2021 Manager, 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:

Christina T. Rodriguez

(Name of Person)

c/o Haynes and Boone, LLP

(Firm/Company)

2323 Victory Avenue, Suite 700

(Address)

Dallas, Texas 75219

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Forsythe

(Name of Person)

813

537.5300

at ()

(Area Code & Daytime Telephone Number)

Mailing 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

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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TLC PM UBS PIMCO IF 2021 Manager, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 22, 2020

(Date registered with Florida Department of State)

M20000008306

(Florida Document Number)

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DIVISION OF CORPORATIONS
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This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

(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 records.

/s/ Todd R. Wanek

(Signature of authorized representative)

Todd R. Wanek

(Typed or printed name of signee)

August 20, 2021

Filing Fee: \$25.00

H21000313981