M21000014971

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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(Business Entity Name)
(Document Number)
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ALLAHASSEE, FLORI

RECEIVED

DEC 2 9 2022 D COMMELL



December 21, 2022

CSC

SUBJECT: TLO 7 WA EAST, LLC

Ref. Number: M21000014971

Please give original date

We have received your document for TLO 7 WA EAST, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 422A00028514



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 262070 8345500								
AUTHORIZATION :	,							
COST LIMIT : \$ 25.00	,							
ORDER DATE: December 19, 2022								
ORDER TIME : 10:18 AM								
ORDER NO. : 262070-030								
CUSTOMER NO: 8345500								
FOREIGN FILINGS NAME: TLO 7 WA EAST, LLC								
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY								
XXXX WITHDRAWAL/CANCELLATION								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS								

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

	ration Se on of Cor	etion porations		
TU SUBJECT:	LO 7 W	A East, LLC		
SOBJECT		(Name of Fo	reign Limited Liability	Company)
Dear Sir or Mad	lam:			
The enclosed wi	ithdrawa	l and fee(s) are submitte	ed for filing.	
Please return all	l correspo	ondence concerning this	matter to the followin	g:
N/A				
	-	(Name of Person)		_
Corporation S	ervice C	Company		
		(Firm/Company)		_
1201 Hays Str	reet			
		(Address)		_
Tallahassee, F	=L 3230	1		
		(City/State and Zip Cod	le)	_
For further infor	rmation c	concerning this matter, p	blease call:	
Corporation Se	ervice C	ompany	866 at (403-5272
	(Name	of Person)		& Daytime Telephone Number)
Regist Divisi P.O. E	ion of C Box 632	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a ch	ieck for	the following amount:		
■\$25 Filing Fe	ec 🗆	\$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TLO 7 WA East, LLC	
(Name of limited liability company)	
Delaware .	
(Jurisdiction of its organization)	
11/9/2021	
(Date registered with Florida Department of State)	6250C
M21000014971	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this	s 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 dimore than 90 days after filing.)	late of filing or
Note: If the date inserted in this block does not meet the applicable statutory f	iling requirements,
this date will not be listed as the document's effective date on the Department	of State's records.
Occusioned by: Signature of authorized representative)	
(Signature of damoinous representative)	
James S Nix	
(Typed or printed name of signee)	

Filing Fee: \$25.00

COVER LETTER

TO:			Section Corporations				
SUBJEC		TLO 7	WA East, LLC				
SOBJEC			(Na	ime of For	reign Lim	ited Liability	Company)
Dear Sir	or M	adam:					
The encl	osed	withdra	wal and fee(s) ar	e submitte	d for filit	ıg.	
Please re	turn	all corre	espondence conce	erning this	matter to	the followin	g:
N/A							
			(Name of Pe	rson)			_
Corpora	ation	Service	e Company				
			(Firm/Comp	any)			_
1201 H	ays S	Street					
			(Address)				_
Tallaha	ssee	, FL 32	301				
			(City/State a	nd Zip Cod	e)		_
For furth	er in	formatic	on concerning thi	s matter, p	lease call	:	
Corpora	ation	Service	e Company		21	866	403-5272
		(Na	me of Person)		at		& Daytime Telephone Number)
	Reg Divi P.O.	sion o Box 6	n Section Corporations				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed	is a	check f	or the following	amount:			
■\$ 25 F	iling	Fee	☐ \$30 Filing Fo			Filing Fee & iffied Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy