

M21000014974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

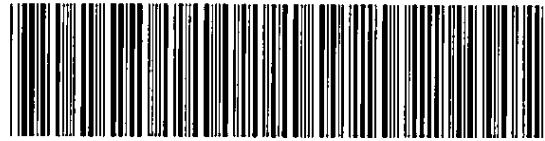
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 DEC 20 PM 3:47

2022 DEC 20 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2022

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2022

CSC

SUBJECT: TLO 4 LPGAFE, LLC
Ref. Number: M21000014974

RESUBMIT
Please give original
submission date as file date.

We have received your document for TLO 4 LPGAFE, 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: 622A00028512

RECEIVED
2022 DEC 28 PM 3:37
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 262070 8345500

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 19, 2022

ORDER TIME : 10:18 AM

ORDER NO. : 262070-020

CUSTOMER NO: 8345500

FOREIGN FILINGS

NAME: TLO 4 LPGAFE, 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

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TLO 4 LPGAFE, 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:

N/A

(Name of Person)

Corporation Service Company

(Firm/Company)

1201 Hays Street

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

For further information concerning this matter, please call:

Corporation Service Company 866 403-5272
at ()
(Name of Person) (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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55 Filing Fee & Certified Copy | <input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TLO 4 LPGAFE, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/9/2021

(Date registered with Florida Department of State)

M21000014974

(Florida Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DocuSigned by:



1CE10925E47B470

(Signature of authorized representative)

James S Nix

(Typed or printed name of signee)

Filing Fee: \$25.00