

M23000013249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

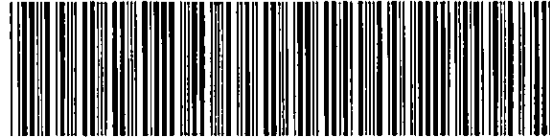
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900433207059

2024 JUN 24 AM 11:05

FILED

RECEIVED  
2024 JUN 24 PM 1:01  
TALLAHASSEE, FLORIDA

AB



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext:  
Date: 07/23/24  
Order #: 1572374-3  
Re: TGA TRE2 Cobia DC LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the word "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TGA TRE2 Cobia DC 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:

Donna Cohen

\_\_\_\_\_  
(Name of Person)

TGA TRE2 Cobia DC LLC

\_\_\_\_\_  
(Firm/Company)

730 Third Avenue

\_\_\_\_\_  
(Address)

New York, NY 10017

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Cohen

\_\_\_\_\_  
(Name of Person)

at 212 490-9000  
( )

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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

FILED  
2024 JUL 24 AM 11:05  
STATE

TGA TRE2 Cobia DC LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

October 10, 2023

\_\_\_\_\_  
(Date registered with Florida Department of State)

M23000013049

\_\_\_\_\_  
(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: \_\_\_\_\_ (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.

*Donna Cohen*

\_\_\_\_\_  
(Signature of authorized representative)

Donna Cohen, Assistant Secretary

\_\_\_\_\_  
(Typed or printed name of signee)