

M 25 000000274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

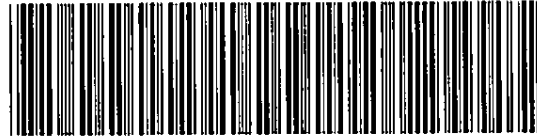
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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APPROVED
AND
FILED

2025 JAN -2 AM 9:08

STATE OF MISSISSIPPI
RECORDS SECTION

11

2025 JAN -2 PM 1:15

JAN 08 2025
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2025

CT CORP

SUBJECT: TAMPA COMMERCE CENTER LLC
Ref. Number: F20000004967

We have received your document for TAMPA COMMERCE CENTER LLC and your check(s) totaling \$25.00. 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 LLC, but your entity is a FOREIGN CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 525A00000123

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/02/2025

Acc#120160000072

eric SW

Name:	Tampa Commerce Center LLC
Document #:	
Order #:	16064452

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tampa Commerce Center 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:

Evan J. McCord

(Name of Person)

Tampa Commerce Center LLC

(Firm/Company)

845 Texas Avenue, Suite 3300

(Address)

Houston, Texas 77002

(City/State and Zip Code)

For further information concerning this matter, please call:

Evan J. McCord

(Name of Person) 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Tampa Commerce Center LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/04/2020

(Date registered with Florida Department of State)

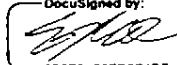
M25 000000 274

(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.

DocuSigned by:

067E8AC9ED9CADE

(Signature of authorized representative)

Evan J. McCord

(Typed or printed name of signee)

APPROVED
AND
FILED
2025 JAN -2 AM 9:08
STATE OF FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00