

M 25 000000274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

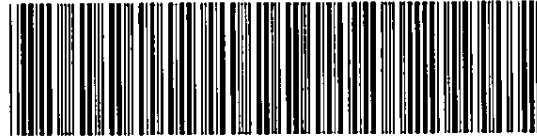
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2025 JAN 08 11:15 AM

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APPROVED  
AND  
FILED

2025 JAN -2 PM 1:15

11

JAN 08 2025  
K. Brumley



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:

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)

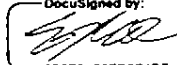
M25 000000 274

(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