

MP9 0000001310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER



400231462244

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
12 MAY - 7 PM 1:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 193839 4301683

AUTHORIZATION

COST LIMIT : \$25.00

ORDER DATE : May 7, 2012

ORDER TIME : 10:24 AM

ORDER NO. : 193839-060

CUSTOMER NO: 4301683

FOREIGN FILINGS

NAME: TGM SERVCO #10 LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Stephanie Milnes - EXT# 2920

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

TGM SERVCO #10 LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

M99000001310

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

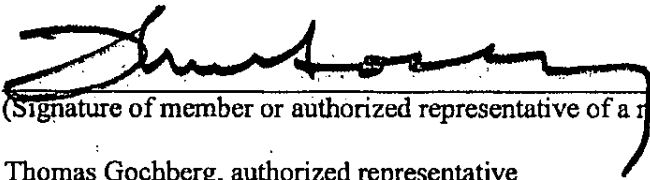
c/o TGM Associates L.P., 650 Fifth Avenue, 28th Floor

(Mailing address)

New York, New York 10019

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Thomas Gochberg, authorized representative

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00