RI SOS Filing Number: 202064488200 Date: 10/14/2020 9:21:00 AM



State of Rhode Island

## **Department of State - Business Services Division**

## **Certificate of Cancellation**

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that

1. Entity ID Number:	2. The name of the limited liabili	ty company in
001678810		ty company is:
	TSG Garden City LLC	
3. It is organized under the	elaws of: Florida	
	1100.000	
4. The entity is not transact	ting business in this state and surrender	rs its authority to transact business in this state.
S. IL THYOKES THE BUTHORITY O	of its agent to accept service of propose	
liability company by service	e thereof on the Department of State of	the State of Rhode Island
<ol><li>The post office address to company that may be serve</li></ol>	to which the Department of State may a	nail a copy of any process against the limited liability
851 Putnam Pike Greenville.	RI 02828	
7. The limited liability comp	any certifies that it has no outstanding t	ax obligations. As required by RIGL 7-16-8, the limited
<ol><li>Date when the Cancellat</li></ol>	tion will be effective: CHECK ONE BOX	ONLY
✓ Date received (Upon fi	iling)	OIL
The region allective date (D)	ate must be no more than 90 days from	the date of filing)
Under penalty of perjury, I o all statements contained he		this Certificate of Cancellation of Registration and that
Under panalty of perjury, I o all statements contained he Type or Print Name of Authorized I		
Under penalty of perjury, I on all statements contained he Type or Print Name of Authorized I	Person	this Certificate of Cancellation of Registration and that  Date
Under penalty of perjury, I of all statements contained he Type or Print Name of Authorized I	Person	
Under penalty of perjury, I on all statements contained he Type or Print Name of Authorized I	Person	Date
Under penalty of perjury, I of all statements contained he Type or Print Name of Authorized I	Person	Date

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhodo Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 14, 2020 09:21 AM

Nellie M. Gorbea Secretary of State

Tulli U. Horler

