M99000001610

(Re	questor's Name)	
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(Cir	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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FALLAHASSEE, FLORIDA

2010 MAR IL PM 2

COVER LETTER

	gistration vision of	Section Corporations				
SUBJECT:	Primary	Capital Mortgage, LLC				
00202011	(Name of Foreign Limited Liability Company)					
Dear Sir or M	Madam:					
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.			
Please return	n all corre	espondence concerning this	matter to the foll	owing:		
Susan Wane	ek					
		(Name of Person)				
Primary Cap	pital Mor	tgage, LLC				
-		(Firm/Company)				
1000 Parkw	ood Circ	le, Suite 900				
	· · · · · ·	(Address)				
Atlanta, GA	30339					
		(City/State and Zip Cod	le)			
For further is	nformatio	on concerning this matter, p	lease call:			
Susan Wane	ek		404	`	9062427	
	(Na	me of Person)	at ((Area 0	Code & D	Paytime Telephone Number)	
Reg Div Clit 266	gistration vision of of fton Build ft Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		tion Section n of Corporations x 6327	
Enclosed is	a check	for the following amount:				
■ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fe Certified Cop		□ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Primary Capital Mortgage, LLC	
(Name of limited liability company)	
Georgia	
(Jurisdiction of its organization)	
12/22/1998	
(Date registered with Florida Department of State)	
M98000001610	
(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: (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.	
Susan Lulanek	
(Signature of authorized representative)	
Susan L. Wanek	
(Typed or printed name of signee)	

Filing Fee: \$25.00