MUCOCOCOM

(Re	equestor's Name)		
(Ac	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

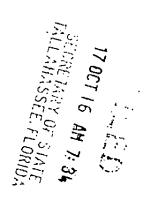
Office Use Only

2017 96T 16 AM 8: 18



500304444885

10/17/17--81005--015 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Prospect Mortgaye (CC (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:	
Dany Zoller (Name of Person)	
Prospect Mortagie, (CC	
15301 Vortra Blud, S., & 0300	
Sherman Oaks, (A 91403 (City/State and Zip Code)	
For further information concerning this matter, please call: Day Zolv at (818) 771-3193 (Fame of Person) (Area Code & Daytime Telephone Number)	
(Yame of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
\$25 Filing Fee Certificate of Status S55 Filing Fee Certified Copy S60 Filing Fee. Certified Copy Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Prospect Mortgage LCC			
(Name of limited habitity company)			
Delaware			
(Jurisdiction of its organization)	<u>-,</u>		_
1-25-2000	VIT.	17	
(Date registered with Florida Department of State)	至治	J	
M0000000142	TATE ASS	1 16	1 31.4 21 191 <u>1</u>
(Florida Document Number)	$\tilde{\mathbb{C}}_{0}$	A	Laπ
			13
This limited liability company is withdrawing its certificate of authority in this sta	မ္မော္တ		
Effective Date, if other than the date of filing:	_⊒(optio	≆ nal)	
(If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)	of filing	ı or	
Note: If the date inserted in this block does not meet the applicable statutory filing	g require	ement	s.
this date will not be listed as the document's effective date on the Department of S			
·			
and the second			
(Signature of authorized representative)	-		
(Signature of authorized representative)			
Who Zeller			
(Typed or printed name of signee)	-		

Filing Fee: \$25.00