<u>aak</u> Division of Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H10000181757 3))) H100001817573ABC/ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. <u>/</u>\_\_\_ To: 0 Division of Corporations AUG 12 Fax Number : (850)617-6383 FILED SH KS From: RECEIVED Account Name : C T CORPORATION SYSTEM AM 8: Account Number : FCA00000023 10 AUG 12 Phone 1 (850)222-1092 Fax Number : (850)878-5368 60 LLC DISSOLUTION OR WITHDRAWAL CITISTREET FINANCIAL SERVICES LLC Certificate of Status 0 Certified Copy 0 Page Count 02 Estimated Charge \$25.00 Corporate Filing Menu Electronic Filing Menu Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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

Ŀ,

## CitiStreet Financial Services LLC (Name of limited liability company)

New Jersey (Jurisdiction of its organization)

M00000000446

(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.

o/o A. Keiper Wilson, Metropolitan Life Insurance Company, 1095 Avenue of the Americas

(Mailing address)

New York, NY 10036	- 54	1	
(City/State/Zip)		-	
	日光	2	
	- <b>1</b>	5	
with the hold of the second			-11
The limited liability company agrees to notify the Department of State in the fu- change in its mailing address.		<sup>ny</sup> N	=
change in its mailing accress.	$ \mathbf{H}^{-}$		m
	mo	1	
	رت <b>س</b>	35	$\circ$
A A A A A A A A A A A A A A A A A A A	<u>```</u>	ç	
	25		
(Signature of member or anthorized representative of a member)	<u> </u>	<u></u>	
	m ه	610	

Thomas G. Hogan, Manager (Typed or printed name of signee)

:

Filing Fee: \$25.00

HDDB+0HHD C T Policy Manager Online

۹.<sup>11</sup>