Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000243955 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL COLLEGIATE FUNDING SERVICES, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	on Section of Corporations		
Colk	egiate Funding Services, LLC		
Sedirect.	(Name of For	reign Limited Liability	Company)
Dear Sir or Madan) ;		
The enclosed with	drawal and fee(s) are submitte	d for filing.	
Please return all co	rrespondence concerning this	matter to the following	:
Keith A. Morton			
	(Name of Person)	-	•
JPMorgan Chase l	Bank, NA		
	(Firm/Company)		•
1 E Ohio Street, F	loor 14		
	(Address)		
Indianapolis, IN 4	6204-1912		_
	(City/State and Zip Cod	le)	•
For further informa	ntion concerning this matter, p	lease call:	
Keith A. Morton		317 pt (236-5731
(Name of Person)	(Area Code &	Daytime Telephone Number)
CTDECT	COURIER ADDRESS:	MAD	LING ADDRESS:
Registrati	Registration Section Registration Section		ration Section
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
	ullding cutive Center Circle		iassee, Florida 32314
	ee, Florida 32301		•
Enclosed is a chec	k for the following amount:		
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee.& Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

10/12/2015 10:38:33 AM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)
Virginia	
	(Jurisdiction of its organization)
March 2, 2000	
	(Date registered with Florida Department of State)
M00000000449	
	(Florida Document Number)
This limited liability	company is withdrawing its partificate of authority in this state

his limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Keith A. Morton, Treasurer

(Typed or printed name of signee)

Filing Fee: \$25.00