Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-3368

LLC DISSOLUTION OR WITHDRAWAL **CPG FINANCE I LLC**

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03
\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 2 2 2013

T. HAMPTON

8/21/2013

COVER LETTER

TO: Registration Division of C			
SUBJECT: CPG F	nance I LLC		
	(Name of Fore	ign Limited Liability C	ompany)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	for filing.	
Please return all corre	spondence concerning this r	natter to the following:	
Aubrey Rykovich			
	(Name of Person)	·	
CPG Finance I LLC			
	(Firm/Company)		
225 W. Washington	Street		
	(Address)	······································	
Indianapolis, IN 462	04		
	(City/State and Zip Code	6)	
For further information	on concerning this matter, pl	leuse call:	
Aubrey Rykovich		3)7	263-7131
(Na	ame of Person)		Daytime Telephone Number)
STREET/C	OURIER ADDRESS:	MAIL	JNG ADDRESS:
	The state of the s		ration Section
Division of Corporations			on of Corporations ox 6327
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			assec, Florida 32314
Enclosed is a check	for the following amount:		
☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

CPG Fina	nce LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
M010000	01948
	(Florida Document Number)
This lin authorit	nited liability company is no longer transacting business in Florida and surrenders its y to transact business in this state.
This lim behalf a of action	nited liability company revokes the authority of its registered agent to accept service on its and appoints the Dapartment of State as its agent for service of process based on a cause a arising during the time it was authorized to transact business in Florida.
	c/o Corporate Paralegal 225 W. Washington Street
	(Mailing address)
	Indianapolis, TN 46204
	(City/State/Zip)
The lim	ited liability company agrees to notify the Department of State in the future of any change ailing address.

Filing Fee: \$25.00

(Signature of member or authorized representative of a member)

Steven R. Fivel, Assistant Secretary
(Typed or printed name of signee)