

101000002682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

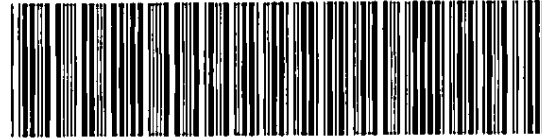
(Business Entity Name)

(Document Number)

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RECEIVED

2021 JUL 28 AM 11:45

ALLAHASSEE, FLORIDA

2021 JUL 28 AM 9:45

ALLAHASSEE, FLORIDA

2021 JUL 28

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 931443 5024449

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE : July 27, 2021

ORDER TIME : 11:07 AM

ORDER NO. : 931443-005

CUSTOMER NO: 5024449

FOREIGN FILINGS

NAME: PAMI LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAMI LLC  
\_\_\_\_\_  
(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:

Linda A. Klang

\_\_\_\_\_  
(Name of Person)

Lehman Brothers Holdings Inc.

\_\_\_\_\_  
(Firm/Company)

110 East 42 Street, Suite 820, 8th Floor

\_\_\_\_\_  
(Address)

New York, NY 10017

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda A. Klang

\_\_\_\_\_  
(Name of Person)

201 526-1484

at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PAMI LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

11/30/2001

(Date registered with Florida Department of State)

M01000002682

(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: \_\_\_\_\_ (optional)  
(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.

  
(Signature of authorized representative)

Linda A. Klang

(Typed or printed name of signee)

**Filing Fee: \$25.00**