## M0200002691

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	MAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special lastructions to	Filing Officer	
Special Instructions to	Filing Officer:	
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15 NOV 16 AN 8: 17
SECRETARY OF STATE
TALLAHASSEE, FLOOR

2815 NOV 16 PM 1:53

NOV 1 7 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 864187 5156034

AUTHORIZATION :

COST LIMIT : \$ (25)\_00

ORDER DATE: November 6, 2015

ORDER TIME : 12:25 PM

ORDER NO. : 864187-010

CUSTOMER NO: 5156034

## FOREIGN FILINGS

NAME: PALM BEACH MORTGAGE

MANAGEMENT, LLC

\_\_ CORPORATE LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: DA	ry Benest Hos	etgage hand	MEMENT, UC
•	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitted	I for filing.	
Please return all corre	espondence concerning this	matter to the following:	
DONAL	(Name of Person)		
	(Name of Person)		
· · ·	(Firm/Company)		
450 Ro	YAL PALM WAY (Address)	, Str 450	
PALM ]	City/State and Zip Cod	3 <i>48</i> 0	
Λ	on concerning this matter, p		
Ginger 6	al MAS	at (Sel	655-7550
O (Ni	ume of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PAIN BEACH MORTGAGE MANAGEMENT, LIC	
(Name of limited liability company)	_
_ FL	
(Jurisdiction of its organization)	-
October 9, 2002	_
(Date registered with Florida Department of State)	
M02000002691	_
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
I his limited liability company is withdrawing its certificate of authority in this state.	Tangerani Tangerani Tangerani
(Signature of authorized representative)	-
DONALD A. BURLS	3 1    Treatman
(Typed or printed name of signee)	

Filing Fee: \$25.00