# H04000003666

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PICK-UP	. [	WAIT	□ ми	AIL	
(Business Entity Name)					
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(Document Number)					
Certified Copies		Certifica	tes of Status		

Special Instructions to Filing Officer:

L. SELLERS

APR 19 2011

**EXAMINER** 

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ECRETARY OF STATE LLAHASSEF, FIORIDA

#### **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Para Mount Capital (Name of Limited Liability)	Serviciky, LLC
The enfilling.	nclosed member, managing member or manager re	esignation and fee(s) are submitted for
Please	return all correspondence concerning this matter	to:
	Ryan Paul (Contact Person)	
<u> </u>	ARAMOUNT CAPITAL SeculeIN	9_
30	10 Coushohockew State K	<u>d.</u>
Co	Oushohocken PA 19428 (City/State and Zip Code)	·
For fur	rther information concerning this matter, please ca	all:
		0 ) 934-7492 ode & Daytime Telephone Number)
Enclose	sed please find a check made payable to the Florid  255 Filing Fee	a Department of State for:  \$55 Filing Fee &  Certified Copy
Registr Divisio Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations n Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2011

RYAN PAUL 300 CONSHOHOCKEN STATE ROAD CONSHOHOCKEN, PA 19428

SUBJECT: PARAMOUNT CAPITAL SERVICING LLC

Ref. Number: M0400003656

We have received your document for PARAMOUNT CAPITAL SERVICING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 611A00007765



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	Slimited liability company as in ARAMOUNT CAPIT		
, ,	ility company was organized u	inder the laws of:	
	ument/registration number of t	his limited liability compan	y is:
	'N LCRMAN (ame of Person Resigning)	, hereby resign as a	EU/SEC (Print Title)
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company ha	as been notified of my
Signature of Res	gning Member, Managing Me	mber or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TAEC 11

CR2E079 (5/06)