

M05000006999

**Florida Department of State
Division of Corporations
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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) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
CONSUMER SOLUTIONS, LLC**

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

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JAN 17 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consumer Solutions, 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:

(Name of Person)

Consumer Solutions, LLC
(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (_____) _____
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Consumer Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/21/2005

(Date registered with Florida Department of State)

M05000006999

(Florida Document Number)

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

By: CarVal Investors, LLC, its Manager

By: Peter A. Vorbrich

(Signature of authorized representative)

Name: Peter A. Vorbrich, Executive Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

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