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## 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 : (850)205-8842 Phone Fax Number ; (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL MANNING & NAPIER INFORMATION SERVICES, LLE

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

FEB 0 5 2016

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Corporate Filing Menu

Help



2/4/2016 9:52:54 AM From: To: 8506176383( 2/3 )

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: Mannir	ng & Napier Information Se (Name of For	rvices, LLC eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdre	iwal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	;
John M. Emmons, E	sq.		
	(Name of Person)		
Manning & Napier I	nformation Services, LLC		_
	(Firm/Company)		
290 Woodeliff Drive	: 		_
	(Address)		
Fairport, NY 14450			
	(City/State and Zip Cod	c)	•
For further information	on concerning this matter, p	lease call:	
John Emmons		585 at (	325-6880
(Ni	ime of Person)		Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations ding tive Center Circle . Florida 32301	Regis Divisi P.O. F Tallah	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314
□ \$25 Filing Fee	for the following amount:  \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Manning & Nupier Information Services, LLC		
(Name of limited liability company)		
New York		
(Jurisdiction of its organization)	Ξ.o.	
•		
March 6, 2006		9
(Date registered with Florida Department of State)	£171	<u> </u>
	77.77	1
M06000001401	- تَحَيِّيَتُ	<u> </u>
(Florida Document Number)		AP II
This limited liability company is withdrawing its certificate of authority in this state.	-47 -777	
	)    S	هب
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	90	
/wy	**	
(Signature of authorized representative)		
John M. Emmons		
(Typed or printed name of signee)		

Filing Fee: \$25.00