1/13/2016 2:50:07 PM From: To: 8506176383( 1/3 )

## Plorida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

Phone : (850)205-8842 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL CHOICEPOINT PRECISION MARKETING LLC

Certificate of Status	0
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1/13/2016 2:50:07 PM From: To: 8506176383( 2/3 )

## **COVER LETTER**

TO:	Registration of	on Section of Corporations		
erib ii	Choic	cePoint Precision Marketing l	LLC	
30 651	<u>.                               </u>	(Name of Fo	reign Limited Liability	(Company)
Dear S	ir or Madam	Ľ		
The en	closed withd	irawal and fee(s) are submitte	d for filing.	,
Picase	return all co	rrespondence concerning this	matter to the following	g
Renec	Simonton			
		(Name of Person)	<u>.                                    </u>	_
RELX				
		(Firm/Company)		_
1105 1	North Marke	t Street, Suite 501		
•		(Address)		<del></del>
Wilmi	ngton, DE I	9801		
	"	(City/State and Zip Cod	le)	<del></del> .
For fur	ther informa	tion concerning this matter, p	lease call;	
Rence	Simonton		J02 at (	884-8311
•	(1	Name of Person)		& Daytime Telephone Number)
		COURIER ADDRESS:		LING ADDRESS: stration Section
Registration Section Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
		cutive Center Circle se, Florida 32301	Talls	shassee, Florida 32314
Enclos	ed is a chec	k for the following amount:		
Q \$25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	☐ \$60 Filling Fee, Certificate of \$tatus & Certified Copy

1/13/2016 2:50:07 PM From: To: 8506176383( 3/3 )

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CHOICEPOINT	FRECISION MARKETING LLC
<del>.</del>	(Name of limited liability company)
Georgia	
<del></del>	(Jurisdiction of its organization)
1/31/2007	
<u> </u>	(Date registered with Florida Department of State)
M07000000601	
	(Florida Document Number)
This limited l	iability company is withdrawing its certificate of authority in this state.
	- Plul Swoven (Signature of authorized representative)
	(Signature of authorized representative)  Renee Simonton  (Typed or printed name of signee)
	(Typed or printed name of signee)

Filing Fee: \$25.00