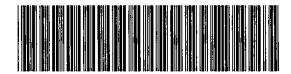
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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K. SALY EXAMINER MAR - 3 2015



February 12, 2015

ADMINISTRATIVE GROUP LLC 1340 HAMLET AVENUE CLEARWATER, FL 33756-3332

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

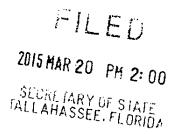
Please return a copy of this letter to ensure your money is properly credited.

COVER LETTER

TO:

Registration Section

Div	ision of	Corporations		
SUBJECT:	Prometheus Investment Management, LLC			
SCINCE T.		(Name of Fo	reign Limited Liability	Company)
Dear Sir or N	/ladam:			
The enclosed	i withdra	wal and fee(s) are submitte	ed for filing.	
Please return	all com	espondence concerning this	s matter to the following	g: ,
Jessica H	lill			
		(Name of Person)		_
Promethe	eus Pa	rtners, LP		
		(Firm/Company)		<u>-</u>
1340 Han	niet Av	enue		
		(Address)		-
Clearwate	er, FL	33756		
		(City/State and Zip Coo	le)	-
For further in	iformatic	on concerning this matter, p	olease call:	
Jessica H	liß		727 at (443-5656 ext. 314
	(No	me of Person)		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:		
2 \$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

Prometheus Ir	vestment Management, LLC
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
8/28/2007	
	(Date registered with Florida Department of State)
M0700000525	0
	(Florida Document Number)
This limited liab	ility company is withdrawing its certificate of authority in this state.
_	(Signature of authorized representative)
1	Nicholas Peters
-	(Typed or printed name of signee)

Filing Fee: \$25.00