

11/24/2014 16:409 From: To: 8506176383

Division of Corporations

(1/3)

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1708000002683

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 : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
GLEN EAGLE ADVISORS, LLC**

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

RECEIVED

14 NOV 24 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FILED
14 NOV 24 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GLEN EAGLE ADVISORS, 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:

John Michel
(Name of Person)

Glen Eagle Advisors LLC
(Firm/Company)

353 Nassau Street
(Address)

Princeton NJ 08540
(City/State and Zip Code)

For further information concerning this matter, please call:

John Michel at 609 631-8231
(Name of Person) (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:

- ☒ \$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

GLEN EAGLE ADVISORS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

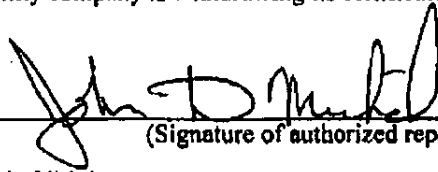
06/06/2008

(Date registered with Florida Department of State)

M08000002683

(Florida Document Number)

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



(Signature of authorized representative)

John Michel

(Typed or printed name of signer)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA