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## **COVER LETTER**

	gistration Solvision of Co			••
SUBJECT:	SENIO	R ANNUITY ORIGI	NATOR, LLC	
och de l'		(Name of For	eign Limited Liability	Company)
Dear Sir or	Madam:			
The enclose	d withdraw	al and fee(s) are submitted	d for filing.	
Please retur	n all corresp	oondence concerning this	matter to the following	g:
TERRY	DUNCAN	1		
		(Name of Person)		_
AIA, LLC	;			
		(Firm/Company)		_
2650 MC	CORMIC	CK DR STE 200S		
		(Address)		_
CLEARV	VATER, I	FL 33759		
		(City/State and Zip Cod	e)	_
For further	information	concerning this matter, p	lease call:	
TERRY	DUNCAN	J	<b>727</b> at (	216-0859
_	(Name	e 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 fo	r the following amount:		
☑ \$25 Filin	g 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

SENIOR ANNUITY ORIGINATOR, LLC			
(Name of limited liability company)			_
DELAWARE			
(Jurisdiction of its organization)			_
09/04/2008			
(Date registered with Florida Department of State)			
M0800004060			
(Florida Document Number)	712	2	_
This limited liability company is withdrawing its certificate of authority in this state		2015 JUL	do destrue a
Thy	Mary of	L-9 AH	(4° 2 v)
(Signature of authorized representative)		¥P	25196 7
TIMOTHY NORTH		ည္	
(Typed or printed name of signee)			

Filing Fee: \$25.00