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

Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL LANDMARK ASSET RECEIVABLES MANAGEMENT LEC-

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JUN 03 2016

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6/2/2016 1:42:54 PM From: To: 8506176383(2/3)

COVER LETTER

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	egistration			
D	ivision of	Corporations :		
	Indo	ark Asset Receivables Man	agement LLC	
SUBJECT	: Lanuin		reign Limited Liability	Company)
Dear Sir or	Madam:	•		
The enclose	od withdra	wal and fee(s) are submitte	ed for filing.	
Please retu	m all com	espondence concerning this	matter to the following	, ,
		,		
		(Name of Person)		•
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		(Firm/Company)		
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		(Address)		
		(City/State and Zip Coo	ie}	
		•		
For further	informatio	m concerning this matter, p	lease call:	
			at ()
*	(Na	me of Person)	(Area Code &	Daytime Telephone Number)
SI	REET/C	OURIER ADDRESS:	MAIL	.ing address:
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassec, Florida 32314		
		Florida 32301	4 1421911	
Enclosed is	n check i	for the following amount:		
🗅 \$25 Filin	ng Fee	□ \$30 Filing Fee &	□ \$55,Filling Pec &	□ \$60 Filling Fee,
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Landmark Asset Receivables Management LLC			
(Name of limited liability company)			
Dclaware			
(Jurisdiction of its organization)			
11/03/2010			
(Date registered with Florida Department of State)			
M10000004873			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.			
		16	
handage for all Indon		- NUL 9	
(Signature of authorized representative)	ASS	-2	in a transmitter
Wanda J. Lamb-Lindow	- ĕ~		, T
(Typed or printed name of signee)		₽ ?	
	SI A	52	Place P
•	===	6/2	

Filing Fee: \$25.00