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SECRETARY OF STATE VISION OF CORPORATIONS

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COVER LETTER

	stration Section ion of Corporations			
SUBJECT.	ButcherMark Financial Ac	visors LLC		
SUBJECT: (Name of Foreign Limited Liability Company)				
Dear Sir or Ma	adam:			
The enclosed	withdrawal and fee(s) are submitted	d for filing.		
Please return a	all correspondence concerning this	matter to the following:		
Adrienne	Unae Dozier			
	(Name of Person)			
ButcherM	lark Financial Advisors LLC			
	(Firm/Company)			
1120 Ave	nue of the Americas 4th F	loor		
	(Address)			
New York, NY 10036				
<u> </u>	(City/State and Zip Code	e)		
For further inf	formation concerning this matter, pl	lease call:		
Adrienne	Unae Dozier	at (212	719-2632	
···	(Name of Person)		Daytime Telephone Number)	
STR	EET/COURIER ADDRESS:	, MAIL	ING ADDRESS:	
Registration Section Registration Section		ation Section		
	ion of Corporations on Building	Division of Corporations P.O. Box 6327		
	Executive Center Circle	Tallahassee, Florida 32314		
Talla	hassee, Florida 32301			
Enclosed is a	check for the following amount:			
\$25 Filing I	Fee \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN -5 AM 9: 23

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ButcherMark Financial Financial Advisors LLC				
(Name of limited liability company)				
New York				
(Jurisdiction of its organization)				
11/8/2010				
(Date registered with Florida Department of State)				
M1000004922				
(Florida Document Number)				
This limited liability company is withdrawing its certificate of authority in this state.				
(Signature of authorized representative) Adrienne Unae Dozier				
(Typed or printed name of signee)				
(1 yped of printed name of signee)				

Filing Fee: \$25.00