

2017-12-26 08:28:38 CST

19540080845 From: Ranae McGraw

M11 0000000227

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 203-0845

LLC DISSOLUTION OR WITHDRAWAL
USO NORGE PARAMOUNT NOTE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$60.00 |

2017 DEC 26 AM 9:43

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC 26 AM 7:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: USO NORGE PARAMOUNT NOTE, 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:

Lourdes Pomares

(Name of Person)

Stairs Dillenbeck Pinley

(Firm/Company)

200 Park Avenue South, Suite 511

(Address)

New York, NY 10003

(City/State and Zip Code)

For further information concerning this matter, please call:

Lourdes Pomares

(Name of Person)

212

697-2700, ext. 6

at ()

(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

USO NORGE PARAMOUNT NOTE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

January 18, 2011

(Date registered with Florida Department of State)

M11000000223

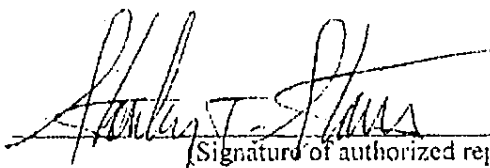
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

STANLEY T. STAIRS

(Typed or printed name of signee)

SECRETARY OF STATE
FALL AID ASSISTANT, FLORIDA

17 DEC 26 AM 7:27

Filing Fee: \$25.00