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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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COVÉR LETTER 🧳 🕟

Division of	Corporations					
VER	TRUE, LLC					
30bJEC1	(Name of For	eign Limited Liability	Company)		-	
Dear Sir or Madam:						
The enclosed withdr	rawal and fee(s) are submitte	d for filing.				
Please return all cor	respondence concerning this	matter to the following	;;			
GINA LAFFER	TY					
	(Name of Person)		-			
VERTRUE, LL	C					
	(Firm/Company)					
8 WRIGHT ST	REET STE 107					
	(Address)	· · · · · · · · · · · · · · · · · · ·	-	至語	2015	
WESTPORT, O	CT 06880				2015 HAR	****
	(City/State and Zip Cod	e)	-	SSE Yes	12	î Îura
For further informat	tion concerning this matter, p	olease call:		C FLOWE	PH 12: 04	
GINA LAFFER	TY	773	867 4528	要に	40	
(N	lame of Person)		Daytime Telephone Number)		_	
Registratio Division of Clifton Bui 2661 Exec	f Corporations	Regis Divisi P.O. I	tration Section ion of Corporations Box 6327 nassee, Florida 32314			
Enclosed is a check	for the following amount:					
≦ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	Securificate of Status &	ķ		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VERTRUE, LLC	
	(Name of limited liability company)
DE	
	(Jurisdiction of its organization)
JUL 08, 2011	
(Da	te registered with Florida Department of State)
M11000003454	
	(Florida Document Number)
This limited liability compan	y is withdrawing its certificate of authority in this state.
	(Signature of authorized representative)
VINCENT D	DIBENEDETTO
·	(Typed or printed name of signee)

Filing Fee: \$25.00

