

6/15/2017

Division of Corporations

M1100003980

Florida Department of State
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 : (512)418-6949
Fax Number : (954)288-0845

**LLC DISSOLUTION OR WITHDRAWAL
ALTUS MULTINATIONAL GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2017 JUN 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

O SIMMONS
JUN 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Altus Multinational Group, 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:

THOMAS J. MALLOY

(Name of Person)

ALTUS MULTINATIONAL GROUP

(Firm/Company)

500 FERRY BLVD

(Address)

STRATFORD, CT 06615

(City/State and Zip Code)

For further information concerning this matter, please call:

TOM MALLOY

(Name of Person)

at (203) 380-2400

(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

Altus Multinational Group, LLC

(Name of limited liability company)

CT

(Jurisdiction of its organization)

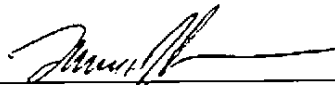
8/9/2011

(Date registered with Florida Department of State)

MI11000003980

(Florida Document Number)

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



(Signature of authorized representative)

THOMAS J. MALLOY

(Typed or printed name of signee)

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Filing Fee: \$25.00