12/29/2017

2017-12-29 12.47:00 CST From: Kimberly Laughrey

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 : (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL VERITAS FINANCIAL PARTNERS LLC

THE RESIDENCE OF THE PARTY OF T				
Certificate of Status		0		
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Page Count		03		
Estimated Charge		\$25.00		

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	istration S ision of C	Section orporations		
en en en en en en en en	Veritas Financial Partners LLC			
SUBJECT:		(Name of Fore	ign Limited Liability (Company'i
Dear Sir or N	-fadam:			
The enclosed	l withdray	val and fec(s) are submitted	for filing.	
Please return	all corre	spondence concerning this r	natter to the following	:
Colin Danie	is			
		(Name of Person)		-
Monarch A	ltemative	Capital LP		
		(Firm/Company)		-
535 Madiso	n Avenue		:	
		(Address)		_
New York,	NY 1002	2		_
		(City/State and Zip Code	;)	
For further i	informatic	on concerning this matter, pl	lease cail:	
Colin Dani	els		212 at (554-1763
	(Na	me of Person)	(Area Code &	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Chilon Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahussee, Florida 32314		
Enclosed is	s a cheek	for the following amount:	-	
□ S25 Filii	ng Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Veritas Financial Partners LLC	
(Name of limited liability company)	
Delaware	<u> </u>
(Jurisdiction of its organization)	7.5
September 22, 2011	
(Date registered with Florida Department of St	ate) (S. 1)
M11000004759	
(Florida Document Number)	
,	≘≒
This limited liability company is withdrawing its certificate of author	rity in this state:
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable s this date will not be listed as the document's effective date on the Do	statutory filing requirements.
Cotin Daniels	
(Signature of authorized representative	/e)
Colin Daniels	
(Typed or printed name of signee)	 -

Filing Fee: \$25.00