

Division of Corporations

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**M1100005982**  
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 : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
LPS PORTFOLIO SOLUTIONS, LLC**

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

RECEIVED

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2014 FEB 10 PM 1:11

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Corporate Filing Menu

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FEB 11 2014  
D. BRUCE

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LPS Portfolio Solutions, 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:

April Johnson  
(Name of Person)

LPS Portfolio Solutions, LLC  
(Firm/Company)

601 Riverside Avenue  
(Address)

Jacksonville, FL 32204  
(City/State and Zip Code)

For further information concerning this matter, please call:

April Johnson at ( 904 ) 854-5256  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
366 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

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# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LPS Portfolio Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/29/2011

(Date registered with Florida Department of State)

M11000005982

(Florida Document Number)

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

  
(Signature of authorized representative)

Michael L. Gravelle

(Typed or printed name of signee)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00