Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000146670 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL CANACCORD GENUITY SECURITIES LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY EXAMINER **COVER LETTER**

TO: Registration Division of	n Section Corporations		
	CCORD GENUITY SECU	RITIES LLC	
SUBJECT:		elgn Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submine	d for filing.	
Picase return nil corr	espondence concerning this	matter to the following:	
LARISSA K. TEIPI	NER		
	(Name of Person)		
CANACCORD GE	NUITY SECURITIES LLC		
· · · ·	(Fina/Company)		
350 MADISON AV	ENUE		
	(Address)		
NEW YORK, NEW	YORK, 10017		
	(City/State and Zip Cod	e)	
For further informati	ion concerning this matter, p	lease call:	
LARISSA K, TEIPI		212 at(389-8109
()	ane of Person)	(Area Code &	Daytime Telephone Number)
	COURIER ADDRESS:		ING ADDRESS:
Registration	Corporations	Registration Section Division of Corporations	
Clifton Bui		P.O. Box 6327	
	itive Center Circle	Tallahassee, Florida 32314	
	, Florida 32301		• • • • • • • • • • • • • • • • • • • •
Enclosed is a check	for the following amount:		
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	Certificate of Status &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

CANACCORD GENUITY SECURITIES LLC	PEC 1
(Name of limited liability company)	7,50
DELAWARE	SSE 0.
(Jurisdiction of its organization)	~ V.
M11000006241	O T
(Florida Document Number)	5,
This limited liability company is no longer transacting business in Florida and sauthority to transact business in this state.	urrenders its
This limited liability company revokes the authority of its registered agent to accept behalf and appoints the Department of State as its agent for service of process base of action arising during the time it was authorized to transact business in Florida.	scrvice on its at on a cause
350 MADISON AVENUE	
(Mailing address)	_
NEW YORK, NEW YORK 10017	
(City/State/Zip)	_
The limited liability company agrees to notify the Department of State in the future of in its mailing address.	of any change
Stroet Total	
(Signature of member or authorized representative of a member)	
Stepho Toth	
(Typed or printed name of signee)	

Filing Fee: \$25.00