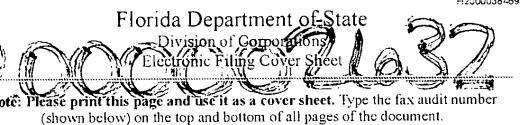
11/5/2020



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 Phone : (850)558-1515 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL VERITAS FINANCIAL PARTNERS CALIFORNIA LLC

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## **COVER LETTER**

_	istration sion of C	Section Corporations		
CHD IEZE.	Veritas	Financial Partners Califor	nia LLC	
SUBJECT:		(Name of Forei	gn Limited Liability (	Company)
Dear Sir or N	ladam.			
The enclosed	withdra	wal and fee(s) are submitted	for filing.	
Please return	all corre	spondence concerning this n	natter to the following	:
Dillon Long				
		(Name of Person)		•
Veritas Fina	ancial P	artners California LLC		
		(Fum/Company)		•
1 Rockefell	er Plaza	a, 32nd Floor		
	<u> </u>	(Address)		-
New York.	NY 100	20		
<del></del> -		(City/State and Zip Code	)	-
For further i	nformati	on concerning this matter, pl	ease call:	
	_		at (	_) & Daytime Telephone Number)
	(N	ame of Person)	(At ea Code o	e Daytime Telephone Numbery
Re Di P.o	vision ( ). Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check	for the following amount:		
□\$25 Fılir	ng Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**∃20000384693** 3

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Veritas Financi	ial Partners California LLC			
	(Name of limited liability company)	+ (i_i)	2020 NOV	
Delaware			A0	
	(Jurisdiction of its organization)		-5	<u> </u>
05/10/2012			<b>P</b>	
	(Date registered with Florida Department of State)	ويائل		U
M1200000263	2	근로	10: 1,3	
	(Florida Document Number)			
more than 90 Note: If the d	e, if other than the date of filing: re date is listed, the date must be specific and cannot be prior to days after filing.) late inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department	filing requ	iireme	nts, ·ds.
	(Signature of authorized representative)  Drew Phillips			
	(Typed or printed name of signee)	<del></del>		
	(Typed or printed name of signee)			

Filing Fee: \$25.00