

MI200000 5390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

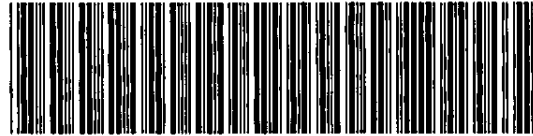
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JAN 17 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 21 2013

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PARAMOUNT MANAGEMENT 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:

KAY SMUCK

(Name of Person)

ACUITY ADVISORS & CPAS LLP

(Firm/Company)

454 NEW HOLLAND AVE STE 200

(Address)

LANCASTER PA 17603-2289

(City/State and Zip Code)

For further information concerning this matter, please call:

KAY SMUCK

(Name of Person)

at ( 717 ) 239.5180

(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**

**PARAMOUNT MGP LLC**

(Name of limited liability company)

**PENNSYLVANIA**

(Jurisdiction of its organization)

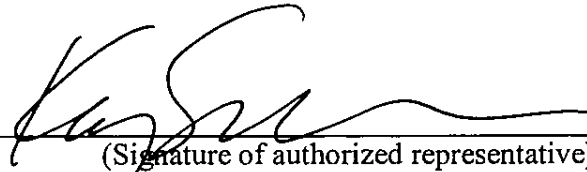
**9/26/12**

(Date registered with Florida Department of State)

**M12000005390**

(Florida Document Number)

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



(Signature of authorized representative)

**KAY SMUCK**

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
**2014 JAN 17 PM 12:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**