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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

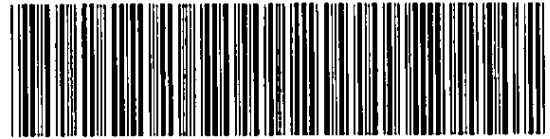
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 17 PM 4:34

withdrawal

JAN 28 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Payment Plan, 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:

Phillip A. Rapini

(Name of Person)

Superior Payment Plan, LLC

(Firm/Company)

6450 Transit Road

(Address)

Depew, NY 14043

(City/State and Zip Code)

For further information concerning this matter, please call:

Phillip A. Rapini _____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 JAN 17 PM 4:36



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2019

PHILLIP A. RAPINI
SUPERIOR PAYMENT PLAN, LLC
6450 TRANSIT ROAD
DEPEW, NY 14043

SUBJECT: SUPERIOR PAYMENT PLAN, LLC
Ref. Number: M12000005974

We have received your document for SUPERIOR PAYMENT PLAN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00026178

2020 JAN 17 PM 12:00

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Superior Payment Plan, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

October 22, 2012

(Date registered with Florida Department of State)

M12000005974

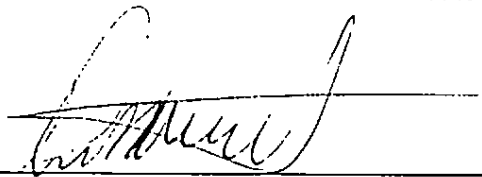
(Florida Document Number)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
20 JAN 17 PM 4:36

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

David W. Pietrowski

(Typed or printed name of signee)

Filing Fee: \$25.00