

M12000006827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

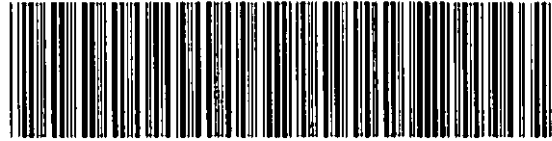
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



000296978440

03/24/17--01018--006 **35.00

17 APR 11 PM 3:55
RECEIVED

APR 11 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2017

PAULA GORDON
ONE CITIZENS PLAZA STE 500
PROVIDENCE, RI 02903

SUBJECT: CORNERSTONE RETIREMENT PLAN ADMINISTRATORS, LLC
Ref. Number: M12000006827

We have received your document for CORNERSTONE RETIREMENT PLAN ADMINISTRATORS, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 317A00005826

2017 APR 11 PM 1:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cornerstone Retirement Plan Administrators, 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:

Paula Gordon, Paralegal

(Name of Person)

Nixon Peabody LLP

(Firm/Company)

1 Citizens Plaza, Ste. 500

(Address)

Providence, RI 02903

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Gordon, Paralegal

(Name of Person)

401

at (_____) _____

(Area Code & Daytime Telephone Number)

454-1169

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

Cornerstone Retirement Plan Administrators, LLC

(Name of limited liability company)

Rhode Island

(Jurisdiction of its organization)

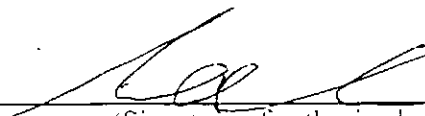
12/07/12

(Date registered with Florida Department of State)

M12000006827

(Florida Document Number)

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


(Signature of authorized representative)

Robert F. Calise, Manager

(Typed or printed name of signee)

17 APR 11 PM 2:05
STATE OF FLORIDA

Filing Fee: \$25.00