

MI4000007496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

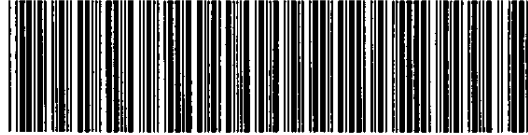
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100276592741

09/03/15--01023--007 **30.00

2015 SEP -3 A 10:28
SECRETARY OF STATE
ATLANTA, FLORIDA

FILED

SEP 04 2015

S MASON

CAMPUS PROCESSING LLC

VIA FEDEX

Division of Corporations
Attention : Registration Section
2661 Executive Center Circle
Clifton Building
Tallahassee, Florida 32301

September 9, 2015

Re: Notice of Withdrawal of Certificate of Authority
Company: Campus Processing LLC
Florida Document Number: M14000007496

To Whom It May Concern:

Enclosed, please find a completed Notice of Withdrawal of Certificate of Authority that my company wishes to file with your office, along with a check in the amount of thirty dollars and no cents (\$30.00) which should cover the cost for this filing.

Please do not hesitate to contact me should you need anything additional or should you have any questions and / or concerns.

Thank you.

Kind Regards,



Danielle Mederos, Compliance Manager
Campus Processing LLC
7925 NW 12 Street, Suite 407
Doral, Florida 33126
Direct Line: 786.358.0089
Email: dmederos@assurancemgmt.net

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus Processing 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:

Danielle Mederos

(Name of Person)

Campus Processing LLC

(Firm/Company)

7925 NW 12 Street, Suite 407

(Address)

Doral, Florida 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Danielle Mederos

(Name of Person)

305

at (_____) _____

(Area Code & Daytime Telephone Number)

951-9220

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

Campus Processing LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 9, 2014

(Date registered with Florida Department of State)

M14000007496

(Florida Document Number)

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



(Signature of authorized representative)

Chad Mercer

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2015 SEP - 3 A 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA