

9/11/2020

Division of Corporations

H200003170093

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

RECEIVED  
SEP 15 2020

LLC DISSOLUTION OR WITHDRAWAL  
CUMBERLAND STREET LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2020 SEP 11 PM 4:32

SEP 11 PM 2:05

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CUMBERLAND STREET 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:

Debra Ciapi

(Name of Person)

Resurgent Capital Services LP

(Firm/Company)

55 Beattie Place, Suite 110

(Address)

Greenville, SC 29601

(City/State and Zip Code)

For further information concerning this matter, please call:

Debra Ciapi

(Name of Person)

864

at (

248-8905

(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

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

CUMBERLAND STREET LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/16/2015

(Date registered with Florida Department of State)

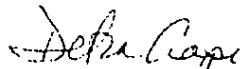
M15000000401

(Florida Document Number)

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)

Debra Ciapi

(Typed or printed name of signee)

**Filing Fee: \$25.00**

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