M1500006169

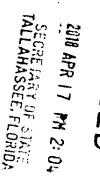
(Re	equestor's Name)	
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Registration Section

TO:

Division of	Corporations			
SUBJECT: SIGNA	ATURE INFORMATION S	OLUTIONS LLC	Ompany)	
	(Maine of Pol	reign Diffited Diability (company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the following	:	
Brenna Ritchie				TAL
	(Name of Person)	·		LAHA
Data Trace Informa	tion Services LLC			SSEE, F
	(Firm/Company)		•	10.5
4 First American W	ay			
	(Address)		•	
Santa Ana, CA 9276	07			
	(City/State and Zip Coo	le)	•	
For further informati	on concerning this matter, p	elease call:		
Brenna Ritchie		714 at (250-5017	
(N	ame of Person)		Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu	Corporations	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	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

2018 APR 16 PM 12: 45

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FILED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SIGNATURE INFORMATION SOLUTIONS LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
08/05/2015
(Date registered with Florida Department of State)
M15000006169
(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: (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 Strecords.
(Signature of authorized representative) Zachary Zaharek, Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00