

M15000006169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2018 APR 17 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIGNATURE INFORMATION SOLUTIONS 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:

Brenna Ritchie

\_\_\_\_\_  
(Name of Person)

Data Trace Information Services LLC

\_\_\_\_\_  
(Firm/Company)

4 First American Way

\_\_\_\_\_  
(Address)

Santa Ana, CA 92707

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brenna Ritchie

\_\_\_\_\_  
(Name of Person)

714

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

250-5017

**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

RECEIVED  
2018 APR 16 PM 12:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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: \_\_\_\_\_ (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.

2018 APR 17 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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(Signature of authorized representative)

Zachary Zaharek, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00