M15000008951

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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SECRETARY OF STATE TO ALLAMIASSEE FLORIDA

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SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 619123 AUTHORIZATION COST LIMIT : ORDER DATE: February 7, 2019 ORDER TIME : 3:08 PM ORDER NO. : 619123-005 CUSTOMER NO: 4805411 FOREIGN FILINGS NAME: GCAM LEGACY LOANS LLC ____ CORPORATE ___ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GCAM Legacy	/ Loans LLC	
	(Name of limited liability company)	
Delaware		-1.63 5
· · · · · · · · ·	(Jurisdiction of its organization)	一
November 6, 20	015	
	(Date registered with Florida Department of State)	(A) =
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	(Florida Document Number)	030A
This limited l	liability company is withdrawing its certificate of authority in	this state.
(If an effectiv more than 90 Note: If the d	te, if other than the date of filing: O2/07/2019	ry filing requirements,
	Johnfu.	
	(Signature of authorized representative)	
	John Lane	
	(Typed or printed name of signec)	
		EGAZ Seadman

Filing Fee: \$25.00