M16000001915

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SECHETARY DESCRIPTION FLORES

O SIMMONS Jan 27 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 113989 8116731 AUTHORIZATION COST LIMIT ORDER DATE: December 24, 2019 ORDER TIME : 9:29 AM ORDER NO. : 113989-380 CUSTOMER NO: 8116731 FOREIGN FILINGS NAME: PROMONTORY RESIMARKETS LLC _ CORPORATE LIMITED PARTNERSHIP 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: Kadesha Roberson - EXT#

COVER LETTER

		on Section f Corporations				
SUBJECT	Prom	ontory ResiMarkets LLC				
SOBJECT		(Name of Foreign Limited Liability Company)				
Dear Sir or	Madam	:				
The enclose	d withd	rawal and fee(s) are submitte	ed for filing.			
Please retur	n all cor	Tespondence concerning this	s matter to the following	ng:		
Cindy Cors	aro					
		(Name of Person)		_		
Promontory	/ Mortg	agePath LLC				
		(Firm/Company)		_		
44 Old Rid	gebury I	Road, Suite 301				
		(Address)		_		
Danbury, C	T 06810)				
		(City/State and Zip Coc	ie)			
For further i	nformat	ion concerning this matter, p	olease call:			
Cindy Cors		,,	203	456-9339		
	(N	lame of Person)	at (at (Area Code	& Daytime Telephone Number)		
ST	REET/0	COURIER ADDRESS:	MA	ILING ADDRESS:		
Registration Section			Registration Section			
Division of Corporations Clifton Building			Division of Corporations			
266	il Exect	iding utive Center Circle e, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is	a check	for the following amount:				
🗖 \$25 Filinį	g 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

Promontory Re	siMarkets LLC	
	(Name of limited liability company)	2020 SEC:
Delaware		020 JAN 24 ECKETAS TALLALIA
<u> </u>	(Jurisdiction of its organization)	21
03/04/2016		10 °
	(Date registered with Florida Department of State)	<u> </u>
M16000001915		* AM 10: 18 * OF STATE -SSEE FL
	(Florida Document Number)	
more than 90 Note: If the d	e date is listed, the date must be specific and cannot be prior to d days after filing.) ate inserted in this block does not meet the applicable statutory for the listed as the document's effective date on the Department	iling requirements,
	(Signature of authorized representative)	
	Eugene A. Ludwig	
	(Typed or printed name of signee)	

Filing Fee: \$25.00