

M16000003554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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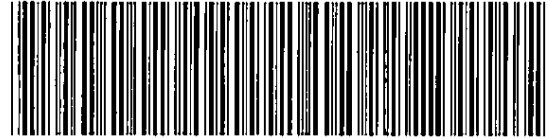
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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F: 866.625.0839  
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Account#: I20000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/08/2024

Name: Patrice Rush

Reference #: 2221359

Entity Name: PORTFOLIO.ME, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other \_\_\_\_\_

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 TALLAHASSEE, FL  
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Authorized Amount: \$55.00

Signature: *Patrice*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PORTFOLIO.ME, 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:

Karla Saldivar, Paralegal, Locke Lord, LLP  
\_\_\_\_\_  
(Name of Person)

Locke Lord LLP  
\_\_\_\_\_  
(Firm/Company)

111 South Wacker Drive, Suite 4100  
\_\_\_\_\_  
(Address)

Chicago, IL 60606  
\_\_\_\_\_  
(City/State and Zip Code)

2009 11-9 PM 3:05  
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For further information concerning this matter, please call:

Karla Saldivar, Paralegal, Locke Lord, LLP at (312) 443-0675  
\_\_\_\_\_  
(Name of Person) (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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

PORTFOLIO.ME, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

05/03/2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

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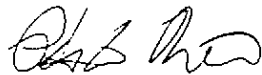
\_\_\_\_\_  
(Florida Document Number)

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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)

Philip Martin

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**