5/15/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 : (850)521-0821 Phone : (850)558-1515 Fax Number

LLC DISSOLUTION OR WITHDRAWAL **RE ASSET HOLDINGS 2016-1 LLC**

Certificate of Status	0
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TO:		istration S sion of C	Section orporations			
SUBJEC	(T.	RE Ass	et Holdings 2016-1 LLC			
30000	C1.	· · · · · · · · · · · · · · · · · · ·	(Name of Fore	ign Limit	ed Liability C	Company)
Dear Sir	r or N	ladam:				
The enc	losed	l withdray	val and fee(s) are submitted	for filing	5 .	
Please re	ctum	all corre	spondence concerning this r	natter to i	the following:	:
Salvato	ore F	Puliafico				
-			(Name of Person)			
Tolis A	Advis	ors				
			(Firm/Company)			•
809 Br	road	way, 8th	Floor			
			(Address)			
New Y	rork,	NY 1000	03			
		<u> </u>	(City/State and Zip Code	2)		•
For furt	ther i	nformatic	on concerning this matter, p	lease cali	:	
Salvat	tore	Puliafico		at	646	863-6120
		(Na	me of Person)	aı	(Area Code &	Daytime Telephone Number)
	Ro Di P.	ivision o O. Box	on Section of Corporations			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	sed is	s a check	for the following amount:			
≘\$ 25	5 Fili	ng Fee	☐ \$30 Filing Fee & Certificate of Status		Filing Fee & rtified Copy	 \$60 Filing Fee, Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RE Asset Holding 2016-1 LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
9/22/2016
(Date registered with Florida Department of State)
M16000007573
(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.
(Signature of authorized representative) Salvatore Puliafico
(Typed or printed name of signee)

Filing Fee: \$25.00