

11/5/2020

Division of Corporations

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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL  
ACM VFP LEGACY ASSETS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2020 NOV -5 PM 4:10

STATE  
OFFICE

2020 NOV -5 AM 10:40

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ACM VFP Legacy Assets 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:

Dillon Long

(Name of Person)

ACM VFP Legacy Assets LLC

(Firm/Company)

1 Rockefeller Plaza, 32nd Floor

(Address)

New York, NY 10020

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ( )

(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

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ACM VFP Legacy Assets LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/10/2019

(Date registered with Florida Department of State)

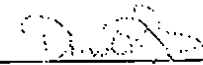
M17000002054

(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)

Drew Phillips

(Typed or printed name of signee)

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FLORIDA DEPT. OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00

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