

M17000007130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

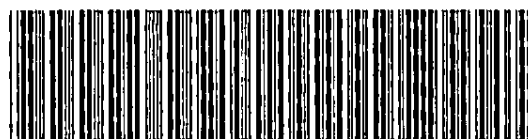
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 23 PM 3:43

K SALY  
JAN 24 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOMMET DATA, 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:

MIKE GAFFNEY

(Name of Person)

PEAK PAYER SOLUTIONS, INC.

(Firm/Company)

2121 EISENHOWER AVENUE, SUITE 600

(Address)

ALEXANDRIA, VIRGINIA 22314

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL GAFFNEY

(Name of Person)

703

562-5121

at (

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

SOMMET DATA, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

08/18/2017

(Date registered with Florida Department of State)

M17000007130

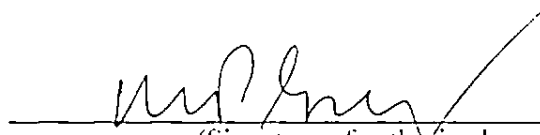
(Florida Document Number)

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DIVISION OF CORPORATIONS  
18 JAN 23 PM 3:44

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)

MICHAEL GAFFNEY

(Typed or printed name of signee)

Filing Fee: \$25.00