M9900000439

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE
ANILAHASSEE, FLORIDA

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CT Corporation

111 Eighth Avenue New York, NY 10011 212 894 8940 tel 212 590 9180 fax www.ctcorporation.com

February 5, 2015

RE: PRIMARY FINANCIAL SERVICES, L.L.C. (AZ. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is __1_ check in the amount of \$85.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri (hm)

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure

COVER LETTER

SUBJECT: PRIMARY FINANCIAL SERVICES, L.L.C. (AZ. DOM.) Name of Limited Liability Company DOCUMENT NUMBER: M99000000439 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: THERESA ALFIERI Name of Person C T CORPORATION SYSTEM Name of Firm/Company 111 EIGHTH AVENUE 13TH FLOOR Address NEW YORK, NY 10011 City/State and Zip Code Theresa. Alfieri@Wolterskluwer.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (212) 894-8516

Area Code Daytime Telephone Number THERESA ALFIERI Name of Person Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

STREET ADDRESS:

Division of Corporations

2661 Executive Center Circle

Amendment Section

Tallahassee, FL 32301

Clifton Building

INHS17 (12/13)

P.O. Box 6327

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

TO:

Amendment Section Division of Corporations

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115,	, Florida Statutes, the undersig	gned,		
C T CORPORATION SYSTEM		. he	, hereby resigns as		
	Name of Registered Agent		,		
Registered Agent for	PRIMARY FINANCIAL	SERVICES, L.L.C. (AZ. DON	1.)	-	
	Name of Limit	ed Liability Company		ب	
M99000000439					
Document	Number, if known				
A copy of this resigna	tion was mailed to the ab	ove listed limited liability con	npany at its last known address.		
The agency is termina	ited and the office discont	tinued on the 31st day after the	e date on which this statement i	is filed.	
	C T Corporation By:	Signature of Resigning Agent			
If signing on behalf or	fan entity:		d I.	<u></u>	
	C T Corporation	n System - Theresa Alfieri	Ĺ		
	Тур	ped or Printed Name	—— PH,	FEB 18	-n.
	As	sistant Secretary		AR AR	
	<u>FILING F</u>	Capacity EES:	,	PH 2: 11	
	\$ 85.00 \$ 25.00	Active limited liability comp Administratively dissolved/v withdrawn limited liability c	any voluntarily dissolved/ company	₽	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (12/13)