## M9900000522

(Document Number)					
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## **COVER LETTER**

		Section Corporations			
SUBJECT:	CIT Funding Company, LLC				
SOBJECT.		(Name of Fo	reign Limited Liability	(Company)	
Dear Sir or M	Madam:				
The enclosed	d withdra	awal and fee(s) are submitto	ed for filing.		
Please return	all corr	espondence concerning this	s matter to the following	g:	
Lee Ann Sca	anlon				
		(Name of Person)		_	
CIT					
		(Firm/Company)			
1 CIT Drive					
		(Address)		_	
Livinston, N	J 07039	,			
		(City/State and Zip Coo	de)	_	
For further in	ıformati	on concerning this matter, p	olease call:		
Lee Ann Sca	ınlon		973 at (	597-2028	
	(Na	ime of Person)		& 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	<ul><li>S60 Filing Fee.</li><li>Certificate of Status &amp;</li><li>Certified Copy</li></ul>	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CIT Funding Company, LLC	
(Name of limited liability company)	
State of Delaware	
(Jurisdiction of its organization)	
4/8/1999	
(Date registered with Florida Department of State)	
M99000000522	
(Florida Document Number)	69
This limited liability company is withdrawing its certificate of authority in th	is 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 more than 90 days after filing.)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Departmen	
(Signature of authorized representative)	
Linda M. Seufert	
(Typed or printed name of signee)	

Filing Fee: \$25.00