M0300000263

(Req	uestor's Name)	
(Address)		
	lress)	
(rida	1033)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
,	,	,
(Dod	ument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	lling Officer:	





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SECRETARY OF STATE FALLAHASSEE, FLORIDA 1

MAR 1 1 2014

T. BROWN

	CC	OVER LETTER	
TO: Registration Section Division of Corporation	ons		· 6 p.
SUBJECT: This	Name of For	eten Linnited Liability C	ociates, LLC
Dear Sir or Madam:			
The enclosed withdrawal and f	èe(s) are submitte	d for filing.	
Please return all correspondent	e concerning this	matter to the following:	:
lee_	Ehly ne of Person)		
Alternative I	Lnuestmen	nt Mgt.	
830 3rd Ave	e. 6th	floor	
New York (ch	y/State and Zip Cod	0022	
For further information concern	ning this matter, p	kase call:	
Jonathan M	Harris	at (212)	557-617
(Name of Pers	011)	(Area Code &	Daytime Telephone Number)
STREET/COURIER Registration Section Division of Corporati Cliffon Building 2661 Executive Cente Tallahassee, Florida 3	ons r Circ le	Registi Divisik P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
Enclosed is a check for the fo	llowing amount:		
\$25 Filing Fee \$30 I	Filing Fee & ificate of Status	S55 Filing Fee & Certified Copy	Securificate of Status &



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Thirteen Capital Associates, LLC (Name of limited liability company)
(Name of limited hability company)
Delaware
(Jurisdiction of its organization)
(Date registered with Florida Department of State)
(Date registered with Florida Départment of State)
M03000000 263
(Florida Document Number)
This limited liability company withdrawing its certificate of authority in this state.
Jan Man
(Signature of authorized representative)
Jorathan M Harris
(Typed or printed name of signee)

Filing Fee: \$25.00