## M03000001074

Office Use Only



900271348339

15 MAY -5 AM II: 19

ACKNOWLEDGE

TO ACKNOWLEDGE

3V02V2 - 2 - 1.1 - 1.5 1A15 3.7.5 so existiataved 0.3 A 13 0.3 A

FILED
15 HAY -5 PH I2: 20

MAY - 6 2015 T. FROWN

•
ACCOUNT NO. : 12000000195
REFERENCE : 616335 5148343
AUTHORIZATION Capiello Bleman
COST LIMIT : \$25.00
ORDER DATE: May 4, 2015
ORDER TIME : 8:39 AM
ORDER NO. : 616335-005
CUSTOMER NO: 5148343
FOREIGN FILINGS
NAME: ADLER MANAGEMENT, L.L.C.
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Lydia Cohen - EXT# 62974
EYAMINED.

.

## **COVER LETTER**

-		Section Corporations		
SUBJECT:	Adle	r Management, L.L.C	<b>C</b> .	
SUBJECT		(Name of For	reign Limited Liability C	Company)
Dear Sir or M	adam:			
The enclosed	withdra	wal and fee(s) are submitte	d for filing.	
Please return	all corr	espondence concerning this	matter to the following:	
Konnie Sn	nith			
		(Name of Person)		
Adler Man	agem	nent, L.L.C.		
		(Firm/Company)		
10350 Bre	en Ro	ad West		
		(Address)		
Minnetonk	a, Mi	N 55343		
		(City/State and Zip Cod	lc)	
For further int	formati	on concerning this matter, p	lease call:	
Konnie Sn	nith		952	656-4684
	(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		
Z \$25 Filing		for the following amount:  \$\Bigsire\$ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

AUTHORITY S

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Adler Management, L.L.C.	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
April 2, 2003	
(Date registered with Florida Department of State)	_
M03000001074	
(Florida Document Number)	
his limited liability company is withdrawing its certificate of authority in this state.	
and sens	
(Signature of authorized representative)	
Paul Lewis, President	
(Typed or printed name of signee)	

Filing Fee: \$25.00