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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 653010 7266554 AUTHORIZATION COST LIMIT : ORDER DATE: February 9, 2021 ORDER TIME : 12:50 PM ORDER NO. : 653010-010 CUSTOMER NO: 7266554 FOREIGN FILINGS NAME: 54 WEST CAPITAL LLC _ CORPORATE LIMITED PARTNERSHIP _ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Eyliena Baker - EXT#

COVER LETTER

TO: Registratio Division of	n Section Corporations		
54 We	est Capital LLC		
SUBJECT.	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Kellie Hoyt, Parale	egal		
	(Name of Person)		_
Barings LLC			
	(Firm/Company)		_
One Financial Pla	za, Suite 1700		
	(Address)		_
Hartford, CT 0610	3		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	lease call:	
Kellie Hoyt		860 at (509-2340
(8	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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

54 West Capital LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
December 19, 2005
(Date registered with Florida Department of State)
M05000006940
(Florida Document Number)
Effective Date, if other than the date of filing:
Digitally signed by Robert Whitney Date: 2021.02.05 11:05:37 -06'00' (Signature of authorized representative) Robert Whitney. Managing Director of Barings LLC, investment advisers of Massachusetts Mutual Life Insurance Company, its member and manager of
(Typed or printed name of signee)

Filing Fee: \$25.00