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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL BLACK RIVER ASSET MANAGEMENT LLC

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01_
\$25.00

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Corporate Filing Menu

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## **COVER LETTER**

COVERLETTER			
TO: Registration Section Division of Corporations			
SUBJECT: Black River Asset Manage (Name of Foreign Limited Liable)	gement LC my Company)		
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the follow	wing:		
Jolene Kolbeck (Name of Person)	<del></del>		
Black River Asset Managemer (Firm/Company)	<del> </del>		
9320 Excelsion Blvd. (Address)			
Hopkins, mn 55343 (City/State and Zip Code)	A 8: 41		
For further information concerning this matter, please call:	<b>,</b> –		
Jolene Kolbeck at 952 (Name of Person) at 952	984 - 418 U ode & Daytime Telephone Number)		
Registration Section R Division of Corporations D Clifton Building P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314		

Enclosed is a check for the following amount:

Tallahassec, Florida 32301

☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	Certificate of Status & Certificate Copy
			Ceranica Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Black River Asset Management LLC (Name of limited liability company)		
(Name of limited liability company)		,
Delaware		
(Jurisdiction of its organization)		
August 27 2008 (Date registered with Florida Department of State)		
(Date registered with Florida Department of State)		
M08000003950		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state	<b>3.</b>	
Signature of authorized representative)  UNENE KOIDECK  (Typed or printed name of signee)	2015 OCT 12 A 8: 4 SECRETARY OF STATE TALLAHASSEE, FLORID	

Filing Fee: \$25.00