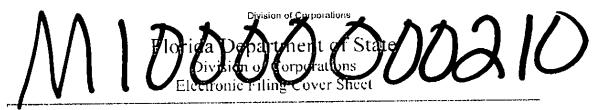
1/26/2018



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

: (954)208-0845 Fax Number

## LLC DISSOLUTION OR WITHDRAWAL ASPEN SHACKLETON PROPERTIES LLC

Certificate of Status	0
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## COSCIUNT POTEN

	CC	OVER LETTER	
TO: Registration Division of	Section Corporations		
SUBJECT:	Aspen Shack (Nume of For	cleton <u>Propertie</u> reign Limited Liability C	es I.L.C Company)
Dear Sir or Madam:			
The enclosed withdia	awal and fee(s) are submitte	d for tiling.	
Please return all corr	espondence concerning this	matter to the following:	
Terri Seari			
	(Name of Person)		
Josselson &	Potter		
	(Firm/Company)		
9400 SW Bca	verton-Hillsdale H (Address)	wy., Suite 131-	Λ
Beaverton,	or 97005		
	(City/State and Zip Con	le)	
For further informati	ion concerning this matter, p	olense call:	
Terri Seari	ng	at ( 503	) 228-1455
(/\)	ame of Person)	(Area Code &	Daytine Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations tox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
C \$25 Filing Fcc	☐ \$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

	20 Cm
Aspen Shackleton Proporties LLC	
(Name of limited liability company)	- 26
Oregon (Jurisdiction of its organization)	ر
January 15, 2010	-2
(Date registered with Florida Department of State)	
M10000000210	
(Florida Document Number)	
Effective Date, if other than the date of filing:  (If an effective date is fisted, the date must be specific and cannot be prior to date more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of	ng requirements,
(Signature of authorized representative)	_
(Typed or printed name of signce)	_

Filing Fee: \$25.00