

M110000003697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

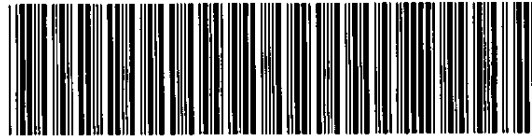
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF
15 APR - 8 PM 2:05
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2015 APR - 8 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR - 9 2015

ACCOUNT NO. : I20000000195

REFERENCE : 564900 5049800

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 26, 2015

ORDER TIME : 1:20 PM

ORDER NO. : 564900-010

CUSTOMER NO: 5049800

FOREIGN FILINGS

NAME: CBAM INTREPID FUND, LLC..

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX 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: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CBAM Intrepid Fund, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charity A. Davidenko

(Name of Person)

Cain Brothers & Company, LLC

(Firm/Company)

360 Madison Avenue, 5th Floor

(Address)

New York, NY 10017

(City/State and Zip Code)

For further information concerning this matter, please call:

Charity A. Davidenko 212 981-6937

(Name of Person) at () (Area Code & 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

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

FILED
2015 APR -8 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CBAM Intrepid Fund, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

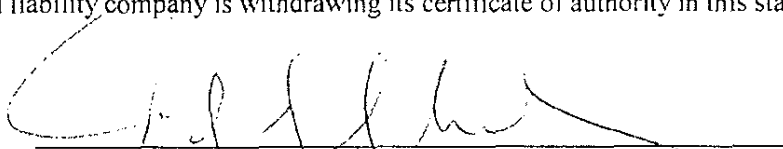
July 21, 2011

(Date registered with Florida Department of State)

M11000003697

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Timothy J Sheehan
(Typed or printed name of signee)

Filing Fee: \$25.00