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## **COVER LETTER**

FED 12# 26-3967033 TO: Registration Section Division of Corporations SHAW CAPITAL MANAGEMENT LLOSHIMON SHAW (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: SHIMON SHAW (Name of Person) SHAW CAPITAL MANAGEMENT LLC (Firm/Company) 20 STRATHMORE ROAD (Address) GREAT NECK, NY 11023 (City/State and Zip Code) For further information concerning this matter, please call: SHIMON SHAW 482-1455 (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee &

Certified Copy

□ \$60 Filing Fee,

Certificate of Status & Certified Copy

☐ \$25 Filing Fee

🖬 \$30 Filing Fee &

Certificate of Status

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FEA 18 # 26-3969018

SHAW CAPITAL M	IANAGEMENT LLC	
	(Name of limited liability company)	
NEW YORK		
	(Jurisdiction of its organization)	
01/02/2013		
	(Date registered with Florida Department of State)	
M13000000093		
	(Florida Document Number)	

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

(Signature of authorized representative)

SHIMON SHAW , CES
(Typed or printed name of signee)

Filing Fee: \$25.00 + 5 (2) (