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COVER LETTER

	vision of C	orporations			
SUBJECT:		ANN WORLDWIDE LO	GISTICS FINANCE A	ALPHA LLC	
3000.01.		(Name of For	eign Limited Liability	Company)	
Dear Sir or	Madam:				
The enclose	d withdraw	val and fee(s) are submitte	d for filing.		
Please retur	n all corres	pondence concerning this	matter to the followin	g:	
JORGE BE	LTRAN				
		(Name of Person)		_	
HELLMAN	N WORL	DWIDE LOGISTICS FIN	ANCE ALPHA LLC		
		(Firm/Company)		_	
10450 DOF	RAL BOUI	LEVARD			
	. ,	(Address)		_	
DORAL, F	LORIDA 3	3178			
	•	(City/State and Zip Cod	c)	_	,., <u>e</u>
For further i	information	a concerning this matter, p	lease call;		
JORGE BE	LTRAN		305 at (406-4506	
	(Nan	e of Person)		& Daytime Telephone Number)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303	
Enclosed is	a check fo	or the following amount:			
≣\$25 Filin	ig Fee	S30 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

HELLMANN WORLDWIDE LOGISTICS FINANCE ALPHA LLC		
(Name of limited liability company)		
DELAWARE		
(Jurisdiction of its organization)		
JUNE 17, 2013		
(Date registered with Florida Department of State)		
M13000003836		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state	c.	
(If an effective date is listed, the date must be specific and cannot be prior to date o 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 St	require	or ments.
(Signature of authorized representative)		
CHRISTOPHER WEHRHAHN		
(Typed or printed name of signee)	-	. 7 / H 58

Filing Fee: \$25.00