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- COVER LETTER

| | sistration ision of (| Section Corporations | | | ч | | |
|--|----------------------------|---|-------------------------------------|---------------------------------|---|--|--|
| SUBJECT: | Universa Black Swan GP LLC | | | | | | |
| Sobster. | | (Name of Fore | eign Limited Liabil | lity Com | pany) | | |
| Dear Sir or N | √ladam: | | | | | | |
| The enclosed | d withdra | wal and fee(s) are submitted | l for filing. | | | | |
| Please return | all corre | spondence concerning this | matter to the follow | ving: | | | |
| Kimberly | M. Fos | sterling, Paralegal | | | | | |
| | | (Name of Person) | | _ | | | |
| Shartsis | Friese | LLP | | | | | |
| | | (Firm/Company) | | | | | |
| One Mar | itime P | laza, 18th Floor | | | | | |
| | | (Address) | | | | | |
| San Fran | icisco, | CA 94111 | | | | | |
| The contract of | • | (City/State and Zip Code | e) | | | | |
| For further i | nformatio | on concerning this matter, p | lease call: | | | | |
| Kimberly | M. Fos | sterling | 415 at (| , 4 | 21-6500 | | |
| | (Na | me of Person) | | de & Day | rtime 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 | | on Section of Corporations 6327 | | | |
| Enclosed is | a check | for the following amount: | | | | | |
| □ \$25 Filin | g Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee Certified Copy | | \$60 Filing Fee, Certificate of Status & Certified Copy | | |

TO:

FILED

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SECRETARY OF STATE, TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Universa Black Swan GP LLC |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 06/17/2014 |
| (Date registered with Florida Department of State) |
| M1400004280 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| 28 |
| (Signature of authorized representative) |
| Eric Spencer, Chief Financial Officer of Universa Black Swan GP I LLC |
| (Typed or printed name of signee) |

Filing Fee: \$25.00