

M15000002293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

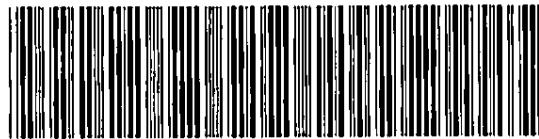
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/13/2021 *an: 12/11*
Acc#I20160000072

Name:	Alden Pacific Asset Management, LLC	
Document #:		
Order #:	13933983	

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **60.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alden Pacific Asset Management, 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:

Kenaya Camacho

(Name of Person)

Alden Torch Financial

(Firm/Company)

1225 17th Street, STE 1400

(Address)

Denver, Colorado 80202

(City/State and Zip Code)

For further information concerning this matter, please call:

(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:

\$25 Filing Fee \$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

Alden Pacific Asset Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/27/2015

(Date registered with Florida Department of State)

M15000002293

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or
more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements,
this date will not be listed as the document's effective date on the Department of State's records.

REC'D
FLORIDA
STATE
SEE
M 8:56
ED

(Signature of authorized representative)

See Attached Signature Page

(Typed or printed name of signee)

Filing Fee: \$25.00

Alden Pacific Asset Management, LLC

By: Alden Pacific Financial, LLC its sole member

By: Alison Wadde

Name: Alison Wadde

Title: Executive Vice President and Secretary