

N15000002293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

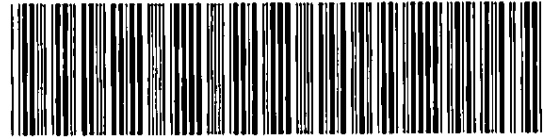
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 13 AM 8:56

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/13/2021

Acc#I20160000072

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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:

_____ at (_____) _____
(Name of Person) (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 type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.

FILED
MAY 11 2015
CLERK OF STATE
TALLAHASSEE, FL
PM 8:56

(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 Wadle

Name: Alison Wadle

Title: Executive Vice President and Secretary