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2018-01-26 12:34:45 CST

Division of Corporations

1/26/2018

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : C T CORPORATION SYSTEM:
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL ASPEN ML LLC

Certificate of Status	()
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COVER LETTER

The enclosed withdrawal and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: Terri Searing (Name of Person) Josselson & Potter (Pirm/Company) 9400 SW Beaverton-Hilladale Hwy., Suite 131-A (Address) Beaverton, OR 97005 (City/State and Zip Code) For further information concerning this matter, please call: Terri Searing (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:	FO: Registration S Division of C			
(Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: Terri Searing (Name of Person) Josselson & Potter (Firm/Company) 9400 SW Beaverton—Hilladale Hwy., Suite 131—A (Address) Beaverton, OR 97005 (City/State and Zip Code) For further information concerning this matter, please call: Terri Searing (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32314 Enclosed is a check for the following amount: \$\Begin{array} \text{S25 Filling Fee} \text{Certificate of Status} Certificate of Status & Certificat Copy Certificate of Status & Certificate Of Statu	SUBJECT:	Aspen ML LLC		 _
Terri Searing (Name of Person) Josselson & Potter (Firm/Company) 9400 SW Beaverton-Hillsdale Hwy., Suite 131-A (Address) Beaverton, OR 97005 (City/State and Zip Code) For further information concerning this matter, please call: Terri Searing (Name of Person) Terri Searing (Name of Person) At (503) 228-1455 (Area Code Daytime Telephone Number) (Street/Courier Address) STREET/COURIER Address: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\Begin{small} \text{S25 Filing Fee} \text{ S30 Filing Fee} \text{ S455 Filing Fee} \text{ Certificate of Status}		(Name of Fore	ign Limited Liability C	omp a ny)
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Aspen ML LLC	
(Name of limited liability company)	
Onegon (Jurisdiction of its organization)	
January 8, 2016 (Date registered with Florida Department of State	
(Date registered with Florida Department of State)
M16000000205	
(Florida Document Number)	
This limited liability company is withdrawing its certificare of authority	in this state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be pr	(optional) for to date of filing or
more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable stat this date will not be listed as the document's effective date on the Depa	utory filing requirements, riment of State's records.
(Signature of authorized representative)	
Irving Potter	JAN 26
(Typed or printed name of signee)	26 A D

Filing Fee: \$25.00

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