## Ni16000005354

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100296020901

02/27/17--01038--012 \*\*30.00



LEB 58 SOIJ O EIWWONE

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
CAAI SUBJECT:	M Fund I LLC		
SUBSECT.	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Amanda B. Sar	nders		
	(Name of Person)		•
Chromalloy Ga	s Turbine LLC		
	(Firm/Company)		•
330 Blaisdell R	oad		
	(Address)		•
Orangeburg, N	Y 10962		
	(City/State and Zip Cod	le)	•
For further informati	on concerning this matter, p	please call:	
Amanda B. Sar	iders	845 at (	230-7347
(Na	ame of Person)		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	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CAAM Fund I LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		—
July 5, 2016		
(Date registered with Florida Department of State)		
M16000005354		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.  (Signature of authorized representative)  Steven R. Lowson		
(Typed or printed name of signee)	<u> </u>	بــــ

Filing Fee: \$25.00