## M16000006289

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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J. HARRIS

## **COVER LETTER**

			n Section Corporations		
SUBJEC*		CAAI	M Fund II LLC		
50555	-•.		(Name of Fo	reign Limited Liability	y Company)
Dear Sir o	or M	adam:			
The enclo	sed	withdr	awal and fee(s) are submitte	d for filing.	
Please ret	urn	all corr	respondence concerning this	matter to the following	ng:
Amand	a E	3. Sar	nders		
			(Name of Person)		_
Chroma	allo	y Ga	s Turbine LLC		
	•		(Firm/Company)		_
330 Bla	aisc	deli R	oad	1	
	_		(Address)		_
Orange	bu	rg, N	Y 10962		
			(City/State and Zip Cod	le)	<del>-</del>
For furthe	r in	formati	on concerning this matter, p	lease call:	
Amand	a E	3. Sar	nders	845 at (	230-7347
		(N	ame of Person)		& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			n Section Corporations Iding tive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	is a	check	for the following amount:		
□ \$25 Fil	ing	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

CAAM Fund II LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
August 5, 2016
(Date registered with Florida Department of State)
M16000006289
(Florida Document Number)
This limited liability company is withdrawing is certificate of authority in this state.
(Signature of authorized representative)
Steven R. Lowson
(Typed or printed name of signee)

27 PH 4:

SECHETARY OF STATE
OF

Filing Fee: \$25.00