

M16000009442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

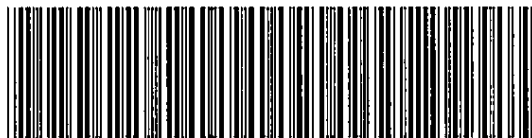
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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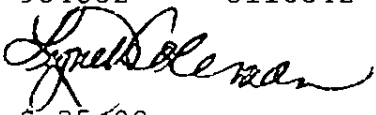
17 DEC 26 PM 4:46

FILED  
2017 DEC 28 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K SALY  
DEC 29 2017

file Second

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 984882 8116842  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2017  
ORDER TIME : 1:03 PM  
ORDER NO. : 984882-020  
CUSTOMER NO: 8116842

FOREIGN FILINGS

NAME: APHELIUM PARTNERS GP LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: APHELIUM PARTNERS GP 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:

David Ogman

(Name of Person)

Apheium

(Firm/Company)

6001 Broken Sound Parkway, # 424

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID OGMAN

(Name of Person)

at (

561)

945-5040

(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

APHELIUM PARTNERS GP LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

11/18/2016

(Date registered with Florida Department of State)

M16000009442

(Florida Document Number)

FILED  
2011 DEC 28 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
(Signature of authorized representative)

DAVID OGMAN

\_\_\_\_\_  
(Typed or printed name of signee)

Filing Fee: \$25.00