

MI6000009586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

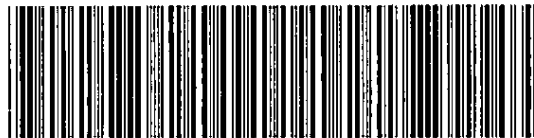
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400306962604

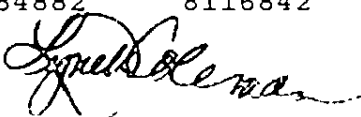
FILED
2017 DEC 28 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 28 PM 4:46

K SALY
DEC 29 2017

file first

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. : 984882-025
CUSTOMER NO: 8116842

FOREIGN FILINGS

NAME: APHELIUM CAPITAL MANAGEMENT
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 CAPITAL 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:

DAVID OGMAN
(Name of Person)

APHELIUM
(Firm/Company)

6001 BROOKS SOUND PARKWAY, #424
(Address)

BOCA RATON, FL 33487
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID OGMAN at (561) 945-5040
(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:

- ☐ \$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 CAPITAL MANAGEMENT LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

11/18/2016

(Date registered with Florida Department of State)

M16000009586

(Florida Document Number)

FILED
2017 DEC 28 AM 8:35
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