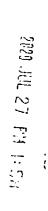
M11000001281

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

Office Use Only



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Midhdrawal

JUL 28 2020

. ALDOITTON

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 367476 5021613

AUTHORIZATION : Spulled

COST LIMIT : '\$' 2'5/.00

ORDER DATE : July 24, 2020

ORDER TIME : 1:12 PM

ORDER NO. : 367476-015

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: COCONUT POINT ADVISORS LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER:

COVER LETTER

_	on Section of Corporations		
SUBJECT:	Coconut Point Advisor	rs LLC	
	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed witho	rawal and fee(s) are submitt	ed for filing.	
	rrespondence concerning thi	•	
rease retain an co	rrespondence concerning the	is matter to the following	2 .
Kayla Lee			
	(Name of Person)		_
c/o Wexford C	apital LP		_
	(Firm/Company)		
677 Washingto	on Blvd., Suite 500, Sta	amford, CT 06901	
	(Address)		-
Stamford, CT (06901		
	(City/State and Zip Coo	de)	-
For further informat	ion concerning this matter, p	please call:	
Kayla Lee		at (203	862-7000
(2)	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	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		1. 182
	Coconut Point Advisors LLC	LOZO JE
-	(Name of limited liability company)	
	Delaware	
		====
	(Jurisdiction of its organization)	
	August 24, 2017	
_	(Date registered with Florida Department of State)	
	M17000007287	
	(Florida Document Number)	
more than 90 da Note: I f the dat	date is listed, the date must be specific and cannot be prior to date ays after filing.) the inserted in this block does not meet the applicable statutory file to be listed as the document's effective date on the Department of	ling requirements,
	DocuSigned by:	
_	631846488050400	
	(Signature of authorized representative)	
_	Arthur Amron, Vice President and Assistant Secretary	
	(Typed or printed name of signee)	

Filing Fee: \$25.00