

MI8000002153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

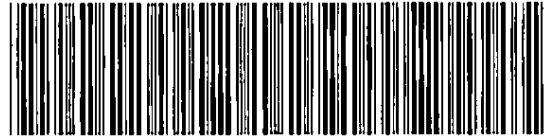
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800314360768


18 JUN - 6 AM 8:35

OFFICE OF
STATE

18 JUN - 5 AM 8:49

J. L. FGGETT
JUN 07 2018

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

ACCOUNT NO. : I20000000195
REFERENCE : 244809 7578084
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 6, 2018
ORDER TIME : 12:49 PM
ORDER NO. : 244809-005
CUSTOMER NO: 7578084

FOREIGN FILINGS

NAME: BASKIR 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: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Baskir 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:

Cengiz Baskir

(Name of Person)

Baskir Capital Management LLC

(Firm/Company)

80 Columbus Circle, Suite 69C

(Address)

New York NY 10023

(City/State and Zip Code)

For further information concerning this matter, please call:

Cengiz Baskir

(Name of Person)

212

6647971

at (_____) _____

(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

Baskir Capital Management LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

20 March 2018

(Date registered with Florida Department of State)

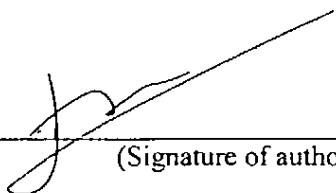
M18000002753

(Florida Document Number)

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)

Cengiz Baskir, President & CEO

(Typed or printed name of signee)

18 JUN - 5 2:28 PM '18

Filing Fee: \$25.00