M18 0000 5313

(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:				

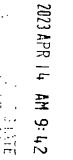
Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to withdraw and cancel the certificate of authority of a foreign limited liability company. The requirements are as follows:

- Pursuant to s. 605,0910. Florida Statutes, the attached withdrawal application must be completed in its entirety.
- \prec The fees are as follows:

\$25.00 Filing Fee

\$30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

- A letter of acknowledgment will be issued free of charge upon withdrawal. Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.
- ≺ A COVER letter should be submitted along with the application and check. The mailing address and courier address are noted below.
- \prec Please send the application to:

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

CR2E057 (6/17)

COVER LETTER

	ition Section r of Corporations		
EV SUBJECT:	ERGLADES REF LLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Mada	un.		
The enclosed wit	hdrawal and fee(s) are submitte	ed for filing.	
Please return all (correspondence concerning this	matter to the following	ē.
CHRISTOPHER	SPRASON		
	(Name of Person)	-	-
Man Investments	s USA Holdings Inc		
	(Firm/Company)		_
1345 AVENUE	OF THE AMERICAS, 21ST F	LOOR	
	(Address)		_
NEW YORK, N	Y 10105		
	(Cay/State and Zip Cot	le)	-
For further infort	mation concerning this matter, [please call:	
CHRISTOPHER	RSPRASON	212 at (649-6851
	(Name of Person)	(Area Code 8	C Daytime Telephone Number)
Regist Divisio P.O. B	Address: ration Section on of Corporations ox 6327 assee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Ft. 32303
Enclosed is a ch	eck for the following amount:	:	
□\$25 Filing Fe	e S30 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

EVERGLADES REF LLC	26
(Name of limited liability company)	2023 APR
DE - SECRETARY OF STATE	
(Jurisdiction of its organization)	
06/08/2018	A 111
(Date registered with Florida Department of State)	
M18000005313	AMI 9: 42
(Florida Document Number)	<u> </u>
Effective Date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to danore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fil his date will not be listed as the document's effective date on the Department of	ling requirements.
(Signature of authorized representative) KAITLIN CARROLL. Assistant Secretary of Man Global Private Management (1988)	
	asset manager
(Typed or printed name of signee)	deser manager

Filing Fee: \$25.00