## M180000007575

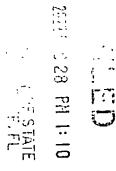
(Red	uestor's Name)				
(Add	ress)				
(Add	lress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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## **COVER LETTER**

TO:	Registration Division of 0			
emp m	ecr.	Kingfisher Fund Manaş	ger, LLC	
SUBJI	.cr:	(Name of For	eign Limited Liability	Company)
Dear S	ir or Madam:			
The en	closed withdra	wal and fee(s) are submitte	d for filing.	
Please	return all corre	espondence concerning this	matter to the followin	g:
Nancy	Hill			
<del></del>		(Name of Person)		_
Codin	a Partners LLC			
		(Firm/Company)		-
2020 5	Salzedo Street,	5th FL		
		(Address)		=
Coral	Gables, FL 331	34		
		(City/State and Zip Cod	e)	_
For fur	ther information	on concerning this matter, p	lease call:	
Nancy	ніп		305 at (	529-1300
	(Na	me of Person)		k Daytime Telephone Number)
	P.O. Box 6	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclos	ed is a check i	for the following amount:		
<b>≡</b> \$25	Filing Fee	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

Kingfisher Fund	d Manager, LLC				
<del></del>	(Name of limite	d liability company)			
Delaware					
-	(Jurisdiction c	f its organization)			
August 15, 2018	}				
	(Date registered with F	lorida Department of State)			<del></del>
M18000007575	i				
	(Florida Doc	cument Number)			
This limited lia	ability company is withdrawing i	its certificate of authority in this sta	ite.		
(If an effective more than 90 d <b>Note:</b> If the da	lays after filing.) te inserted in this block does not	December 30, 2022  pecific and cannot be prior to date  meet the applicable statutory filing fective date on the Department of S	g requi	g or remen	
	(Signature of au	thorized representative)	- <u>;</u>	7	
	(Organitate of au	monzed representative)	· · .	jn?? C=C 28	
	Codina Kingfisher Fund Holding, LLC	C, its Manager, Armando Codina, Pres.	<u> </u>	:0 2E	;
	(Typed or pri	nted name of signee)		B PM I:	

Filing Fee: \$25.00