

M230000 11331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

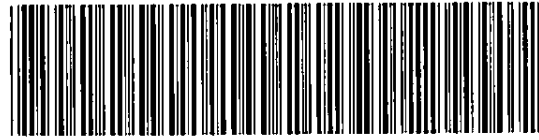
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
FEB - 3 2025

Office Use Only



800442650418

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2025 JAN 31 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2025 JAN 31 AM 11:58  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Cheyanne at  
850-202-1882

Date: 01/31/2025

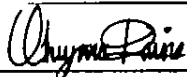
Name: Cheyenne Davis

Reference #: 2633850

Entity Name: ANNAPURNA CAPITAL MANAGEMENT GP LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other PLEASE ATTACH CERT. COPY AND CERT. OF STATUS UPON FILLING

Authorized Amount: \$60.00

Signature: 



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 01/31/2025

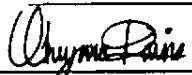
Name: Cheyenne Davis

Reference #: 2633850

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Authorized Amount: \$60.00

Signature: 

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Annapurna Capital Management GP 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:

Marcia Soffley

\_\_\_\_\_  
(Name of Person)

Schulte Roth & Zabel LLP

\_\_\_\_\_  
(Firm/Company)

919 Third Avenue

\_\_\_\_\_  
(Address)

New York, NY 10022

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marcia Soffley

\_\_\_\_\_  
(Name of Person)

212

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

756-2000

**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

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

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2025 JAN 31 AM 11:59

STATE OF FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Annapurna Capital Management GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 1, 2023

(Date registered with Florida Department of State)

M23000011331

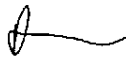
(Florida Document Number)

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)

Antoine Tan

(Typed or printed name of signee)

Filing Fee: \$25.00