## 108000045710

·(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Ru	siness Entity Nar	ne)
	_	•
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

May 23, 2017

ANJAN J THARAKAN 675 30TH AVE NORTH SUITE 102 ST PETERSBURG, FL 33704

SUBJECT: NEWPORT ORGANIZATION, LLC

Ref. Number: L08000045710

We have received your document for NEWPORT ORGANIZATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

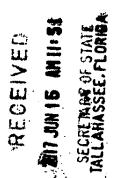
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 817A00010408



## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Newport Organization, LLC.			
50202		Name of Limited Liability Company		
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this	s matter to the following:		
Anjan	J. Tharakan			
	Name of Person	<del></del>		
Newp	ort International of Tierra Verde, Ir	nc.		
	Firm/Company	<del></del>		
675 30	Oth Avenue North Suite 102			
	Address			
St. Pe	tersburg, FL. 33704			
	City/State and Zip Code			
trish@	newportintl.com			
E-	mail address: (to be used for future annu	al report notification)		
For furt	her information concerning this matter, p	please call:		
Patrici	a Salazar	727 894-1188		
	Name of Person	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 a	amount:		
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHS18	(2/14)			



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as it appears on the records of the Florida Pepartment
	Newport Organization, LLC # =
2. The Florida docu	ment/registration number assigned to this limited liability company is
L0	8000045710
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 4/264.75
, Demian A	lex Malaguti hereby withdraw/rosign as a
(Print N	ame of Person Resigning)
Corp Secre	etary & Exec. Director of Sales
<del>*************************************</del>	(Print Title)
of this limited lial resignation in wri	polity company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)