Q97000000017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

✓

dc 5/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MALERIE ANN RICHER LIPA TRUST
(Name of Trust)

DOCUMENT NUMBER: Q97000000017

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACK RICHER
(Name of Person)

RICHER SORKIN & ASSOCIATES INC.
(Firm/Company)

625 RENE-LEVESQUE BLVD. WEST, SUITE 1700
(Address)

MONTREAL, QUEBEC H3B 1R2
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JACK RICHER at (514) 861-1125 Ext. 25
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☑ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2014

JACK RICHER
RICHER SORKIN & ASSOCIATES INC.
625 RENE-LEVESQUE BLVD. WEST, SUITE 1700
MONTREAL, QUEBEC H3B 1R2,

SUBJECT: MALERIE ANN RICHER LIPA TRUST
Ref. Number: Q97000000017

We have received your document for MALERIE ANN RICHER LIPA TRUST and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Office policy prevents this office from processing the enclosed check(s). All checks processed by this office must be payable in U.S. dollars and drawn on a bank located in the United States.

You have completed the wrong form. Please complete the attached form.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 114A00009114

APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOR ALIEN BUSINESS ORGANIZATION

MALERIE ANN RICHER LIPA TRUST
(Name of Alien Business Organization)

(Incorporated or Organized Under Laws of)

This entity is no longer required to maintain a registered agent in this state.

(Signature of Officer or Director)

JACK RICHER
(Typed or Printed Name)

TRUSTEE
(Capacity of Person Signing Application)

FILED
14 MAY 22 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $35.00
Certified Copy (Optional): $52.50

INHS069(10/03)