L01000020244

Www Port	equestor's Name)	22
1001 NW		
(Ā	ddress)	
Pompano	Recordity/State/Zip/Phone	FL 3300
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	



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SECRETARY OF STATE DIVISION OF CORPORATIONS

THempton IAM O. A. cook

COVER LETTER

Division of Corporations	
SUBJECT: NEW PART INVE	STORS RESIGNATIO TY COMPANY) ERANDYR
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matter	er to:
SAL HASBUN.	
(Contact Person)	
NEW PART INVESTOR	<u>S</u>
(Firm/Company)	•
1001 NW 1246 TERR	
(Address)	
Pompano Beh, FL 3	306 9
For further information concerning this matter, please	call:
SAL HAS BUN at (Area (Area	Code & Paytime Telephone Number)
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25 Filing Fee	rida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Cornerations

P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building
2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 JAN 3 D AM 9: 54

SECRETALIT OF STATE TALLAHASSEE, FLORIDA

December 13, 2007

NEWPORT INVESTORS 1001 NW 12TH TERRACE POMPANO BEACH, FL 33069

SUBJECT: NEWPART INVESTORS, L.L.C.

Ref. Number: L01000020244

We have received your document for NEWPART INVESTORS, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

List the name of the Vice President's name on line 4.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 107A00069887



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is:
2. This limited liability company was organized under the laws of:
3. The Florida document/registration number of this limited liability company is: LOIOOO20244.
4. I, ERANDYR FORTANA, hereby resign as a Vice PESIDENT (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
and Enauly ton term
Signature of Resigning Member, Managing Member or Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)