

M00000002355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

M-2355

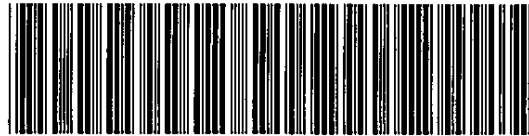
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2007

LAWRENCE R. RAICHE
680 CENTRAL AVE. SUITE 101
DOVER, NH 03820

SUBJECT: NEW PORT RICHEY INVESTORS, LLC
Ref. Number: M00000002355

We have received your document for NEW PORT RICHEY INVESTORS, 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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 407A00045145

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PORT RICHEY INVESTORS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAWRENCE R. RAICHE
(Name of Person)
RAICHE + COMPANY, CPA'S
(Firm/Company)
680 CENTRAL AVE., SUITE 101
(Address)
DOVER, NH 03820
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SUSAN LEBORGNE at (603) 742-8894
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEW PORT RICHEY INVESTORS, 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:

LAWRENCE R. RAICHE
(Name of Person)

RAICHE + COMPANY, CPA'S
(Firm/Company)

680 CENTRAL AVE, SUITE 101
(Address)

DOVER, NH 03820
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

SUSAN LEBORGNE at (603) 742-8894
(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 amount:

- ☒ \$25 Filing Fee
☐ \$30 Filing Fee & Certificate of Status
☐ \$55 Filing Fee & Certified Copy
☐ \$60 Filing Fee, Certificate of Status & Certified Copy
- PREVIOUSLY SENT

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA

NEW PORT RICHEY INVESTORS, LLC
(Name of limited liability company)

MAINE
(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

680 CENTRAL AVE, SUITE 100
(Mailing address)

DOVER, NH 03820
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Lawrence R. Raiche, Managing Member
(Signature of member or authorized representative of a member)

LAWRENCE R. RAICHE
(Typed or printed name of signee)

2001 AUG 24 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00