m02000002043

(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:						
,						
AL \						

Office Use Only



600081532016

11/09/06--01040--002 **25.00

SECRETARY OF STATE

TILEU

COVER LETTER

	tion Section of Corporations					
SUBJECT:	Newton & A	Associates,	LLC	 _		· · · · · · · · · · · · · · · · · · ·
	(Name of I	Foreign Limited Liab	ility Compan	у)		
Dear Sir or Mada	m:					
The enclosed with	hdrawal and fee(s) are submi	tted for filing.				
Please return all o	correspondence concerning the	his matter to the follo	wing:			
Thomas	E. Brenan, IV (Name of Person)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	·. •	700h SEC	
Newton	& Associates			•	AET NO	
	(Firm/Company)			•	SECRETARY OF STATE	FILED
3001 D	ivision Street			<u>. 4</u> 5 3 4 4	EST =	
	(Address)				ATT HE	
Metair	ie, LA 70002		- =			· • • • • • • • • • • • • • • • • • • •
	(City/State and Zip C	ode)				
	nation concerning this matter	, please call:				
	E. Brenan, IV	at (504	/	69-9545		· · · · · · · · · · · · · · · · · · ·
	(Name of Person)	(Area Co	de & Daytime	Telephone Numb	er)	
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 che	ck for the following amoun	ıt:				
	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	Cer	O Filing Fee, rtificate of Status tified Copy	s &	

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

Newton & Associates, LLC	
(Name of limited liability company)	
Louisiana	• •
(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.	
3001 Division Street (Mailing address)	
Metairie, LA 70002 FF TO TO CIty/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address. The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.	
(Signature of member or authorized representative of a member)	
Thomas E. Brenan, IV	, * .
(Typed or printed name of signee)	

Filing Fee: \$25.00