

Division of Corporations

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**MO4000003515**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
CARLYLE NEW RIVER GP, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

14 AUG 15 AM 6:45

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TALLAHASSEE FLORIDA

14 AUG 15 AM 7:38

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AUG 18 2014

T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Curlye New River GP, L.L.C.

(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:

Stacy M. Rosenthal

(Name of Person)

Curlye New River GP, L.L.C.

(Firm/Company)

1001 Pennsylvania Ave NW

(Address)

Washington DC 20004

(City/State and Zip Code)

For further information concerning this matter, please call:

Stacy Rosenthal

(Name of Person)

202

729-5251

at (

)  
(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Carlyle New River GP, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/26/2004

(Date registered with Florida Department of State)

M04000003515

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Stacy M. Rosenthal

(Typed or printed name of signee)

Filing Fee: \$25.00

14 AUG 15 AM 7:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA