

M04000004982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

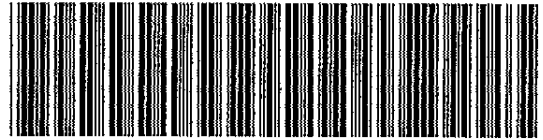
(Document Number)

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Certificates of Status \_\_\_\_\_

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03/2/06

**FILED**  
06 MAR 17 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 13, 2006

FLORIDA DEPARTMENT OF STATE  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Newport Land, LLC  
Notice of Withdrawal

Dear Sir or Madam:

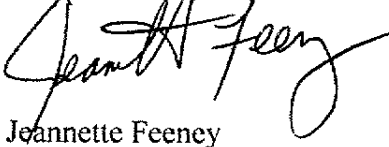
The enclosed withdrawal application and fee for filing of \$25.00 are submitted for filing.

Please return all correspondence concerning this matter to the following:

Newport Land, LLC  
180 Newport Center Drive, Suite 235  
Newport Beach, CA 92660  
Attention: Ms. Jeannette Feeney

For further information concerning this matter, please call Ms Jeannette Feeney at  
949/759-1010 x 207.

Sincerely,  
Newport Land, LLC

  
Jeannette Feeney  
Controller

Enclosures

Cc: Corporate Creations Network Inc  
11380 Prosperity Farms Road, #221E  
Palm Beach Gardens, FL 33410

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**NEWPORT LAND, LLC**

(Name of limited liability company)

**a Delaware limited liability company**

(Jurisdiction of its organization)

As of December 31, 2005

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.

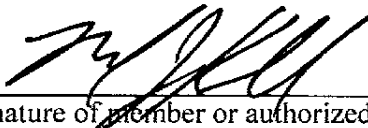
**180 Newport Center Drive, Suite 235**

(Mailing address)

**Newport Beach, CA 92660**

(City/State/Zip)

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)

**Mark J. Kerslake, Manager**  
(Typed or printed name of signee)

**FILED**  
06 MAR 17 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**