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(Re	questor's Name)	
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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e#)
PICK-UP	☐ WAIT	MAIL.
(Bu	sine ss Entity Na	me)
(Do	cument Number)
Certified Coples	Certificate	s of Status
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Special Instructions to I	Filing Officer:	
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ACCOUNT NO. : 072100000032				
REFERENCE : 679630 4809298				
AUTHORIZATION : Smullelens				
COST LIMIT : \$ 25.00				
ORDER DATE: December 21, 2006				
ORDER TIME : 9:37 AM				
ORDER NO. : 679630-160				
CUSTOMER NO: 4809298				
~				
FOREIGN FILINGS				
NAME: KEEPORT ASSOCIATES, LLC				
XX LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Heather Chapman - EXT# 2908				
EXAMINER:				

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA KEEPORT ASSOCIATES, LLC (Name of ilmited liability company)	
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHING AWAY OF ATTEROPITY TO TRANSACT PRISMINES IN	_
FLORIDA FLORIDA	~
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TOTALOGE ADDOCTATION IN O	
Name of United lightling company)	
95	<i>y</i>
New York	<u> </u>
(Jurisdicilan 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.	
cause of action arising during the time it was authorized to transact business in Florida.	
100 Summit Lake Drive, Suite 100	بج
(Mailing address)	· :
• • •	
Thatbalka klass, Wash 10000	
Valhalla, New York 10595 (City/State/Zip)	
(
The limited lightlity company agrees to notify the Department of State in the future of any	
The limited flatfility company agrees to notify the Department of State in the future of any change in a state in the future of any	
(Signature of member or authorized representative of a member)	
Martin Ginsburg, Member	
(Typed or printed name of signee)	• . • .

Filing Fee: \$25.00

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