

MA6000000520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

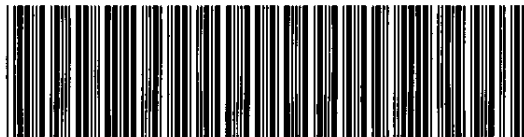
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900311665999

B FIGUEROA

APR 11 2018

RECEIVED  
2018 APR 11 AM 10:33  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 APR 11 AM 6:30

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 4/11/18**

**NAME: WESTPORT-NML VENTURE, LLC**

**TYPE OF FILING: WITHDRAWAL**

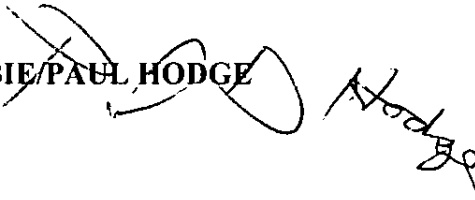
**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

A handwritten signature in black ink, appearing to read "Abbie/PAUL HODGE", is written over the printed name. The signature is stylized and cursive.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Westport-NML Venture, 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:

Marissa Strimback

(Name of Person)

Westport Properties, Inc.

(Firm/Company)

2201 Dupont Drive, Suite 700

(Address)

Irvine, CA 92612

(City/State and Zip Code)

For further information concerning this matter, please call:

Marissa Strimback

(Name of Person)

949

748-5905

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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Westport-NML Venture, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

January 20, 2006

(Date registered with Florida Department of State)

M06000000520

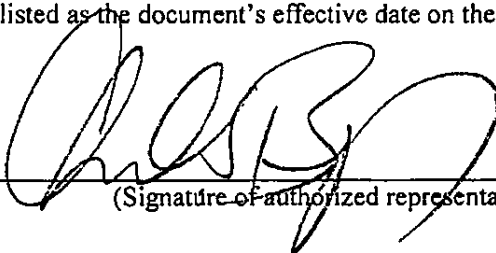
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Charles Bterly

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 11 AM 6:38