(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		1

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 2, 2016

STEVEN BOSSENBROEK 2855 44TH STREET, SUITE 100 GRANDVILLE, MI 49418

SUBJECT: NORTHGATE MANAGEMENT, LLC

Ref. Number: M06000002947

We have received your document for NORTHGATE MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A dissolution and/or termination must be file in home state if you not doing business in Florida fill out enclosed Withdrawal form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 316A00002190

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Name of Foreign Limited Liability Company)		
(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:		
Steve Cossenbrock (Name of Person)		
Northquite Managemet LCC (Firm/Company)		
2855 441# St Suitc100		
2855 44th St Suitc 100 (Address) (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Daub Snuey 1c: at (616) 631-6072 (Name of Person) (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 Certificate of Status □ \$55 Filing Fee & Certified Copy Certificate of Status & Certified Copy □ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Name of limited liability company)		
(Name of limited liability company)		
Florida		
(Jurisdiction of its organization)		
•		
(Date registered with Florida Department of State)		
M06000002947		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
Darbara Dri		
(Signature of authorized representative)		
BARBARA Snoey wie (Typed or printed note of signee)		
(Typed or printed nove of signes)		

Filing Fee: \$25.00

