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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL HARVEST LAKE RIDGE VILLAGE RETIREMENT RESIDENCE LLC

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1. HARRIS

COVER LETTER

TO: * Registrati Division o	on Section of Corporations	•	*	
	•			
SUBJECT: Harv	est Lake Ridge Village Retin			
	(Name of Po	oreign Limited Liability	Company)	
Dear Sir or Madam	ı:			
The enclosed without	rawal and fee(s) are submitt	ed for filing.		
Please return all co	rrespondence concerning thi	s matter to the following	;	
Leah Kuor				
	(Name of Person)	······································		
Harvest Lake Ridg	e Village Retirement Reside	nce LLC		
	(Firm/Company)		•	
5885 Meadows Rd	., Suite 500			
	(Address)		•	
Lake Oswego, OR	97035			
	(City/State and Zip Co	de)	•	
For further informat	tion concerning this matter, p	please call:		
		at (1	
(3	Iame of Person)	(Arca Code &)	1
	COURIER ADDRESS:		ING ADDRESS:	
Registratio	n Section f Corporations	Page 1 1	ration Section	
Clifton Bu			on of Corporations ox 6327	
2661 Exect	ntive Center Circle e, Florida 32301		assee, 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

Harvest Lake Ridge Village Retirement Residence LLC
(Name of limited liability company)
Delawere
(Jurisdiction of its organization)
02/16/2007
(Date registered with Florida Department of State)
M0700000937
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Grandlu
(Signature of authorized representative)
Leah Kuor, Assistant Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00