## M07000005020

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	city/State/Zip/Phone #	)
P!CK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
PICK-UP  (E)  (C)  Certified Copies	WAIT  Business Entity Name)  Document Number)  Certificates of	MAIL





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12 FEB 10 AM 10: 26

B. BOSTICK

FEB 1 3 2012

**EXAMINER** 



ACCOUNT NO. : I20000000195

REFERENCE : 090411 4360443

AUTHORIZATION 🧭

COST LIMIT : \$ 25.0

ORDER DATE : February 9, 2012

ORDER TIME : 9:12 AM

ORDER NO. : 090411-025

CUSTOMER NO: 4360443

## FOREIGN FILINGS

NAME: CA NEW PLAN MANAGEMENT, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

CONTACT PERSON: Becky Peirce - EXT# 2919

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF STATUS

EXAMINER: \_\_\_\_

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

	New Plan Managemen		
	(Name of limited liability compan	• *	<u> </u>
	Delaware		000050]0
	(Jurisdiction of its organization)	ı	
This limited liability company is authority to transact business in thi	no longer transacting bu	siness in Florida	and surrenders its
This limited liability company revits behalf and appoints the Depart cause of action arising during the ti	rokes the authority of its retirement of State as its agent ime it was authorized to tree.	egistered agent to it for service of pransact business in	accept service on rocess based on a Florida.
420	Lexington Avenue, 7th	h Floor	
	(Mailing address)		<del></del>
	New York, NY 1017	Ω	
	(City/State/Zip)	<u> </u>	
The limited liability company agrichange in its mailing address.	fees to notify the Depart	ment of State in	the future of any
Signature of member or authorized	d representative of a memb	oer)	
Steven Siege			TAS T
Typed or printed name of signee)			EFEB 10 AN ID: 2

Filing Fee: \$25.00