M0900000180

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(Re	questor's Name)	_
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(5)	· Falls No.	
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Certified Copies	Certificates	of Status
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FILEU 113 HAY 28 PH 1: 09 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: New West LL (Name of For	
(Name of For	reign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this	s matter to the following:
Deanna Leon (Name of Person)	
COAA Consulting (Firm/Company)	
Po Box 777 (Address) Pinole, CA 945 (City/State and Zip Cox	-64 de)
For further information concerning this matter, p	
(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 □ \$60 Filing Fee, Certificate of Status & Certified Copy

4

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

New Westlic		
(Name of limited liability company)		
CA		
(Jurisdiction of its organization)		
M0900000180		
(Florida Document Number)		
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.		
Po Box 777 (Mailing address)	2018 H	
Pinole, CA 94564 (City/State/Zip) APPLE ASSET (City/State/Zip)	NY 28 P	FILED
The limited liability company agrees to notify the Department of State in the future of any charge in its mailing address.	H 1: 08	
Deanne L		
(Signature of member or authorized representative of a member)		
Deanna Leon		

Filing Fee: \$25.00

(Typed or printed name of signee)