

M100 00005370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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EXAMINER



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03/09/12--01005--021 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -9 PM 3:29

Neal West Properties, LLC

PO Box 701006
Wabasso, FL 32970
nealwestproperties@gmail.com
424-222-3700

March 6, 2012

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: REQUEST FOR WITHDRAWAL OF FOREIGN LLC

To Whom It May Concern:

Please process my request to withdraw the authority of a foreign limited liability company
and send any information to: Jim Morris

PO Box 701006
Wabasso, FL 32970

Thank you in advance for your attention to my request.

Kind regards,


James N. Morris - Owner

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NEAL WEST PROPERTIES, 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:

JAMES MORRIS
(Name of Person)

(Firm/Company)

PO BOX 701006
(Address)

WABASSO, FLORIDA 32970
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES MORRIS at (424) 222-3700
(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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

NEAL WEST PROPERTIES, LLC
(Name of limited liability company)

STATE OF DELAWARE
(Jurisdiction of its organization)

M1000005370
(Florida Document Number)

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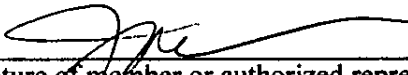
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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 701006
(Mailing address)

WABASSO, FL 32970
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

JAMES N. MORRIS
(Typed or printed name of signee)

Filing Fee: \$25.00