

M11 000006069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

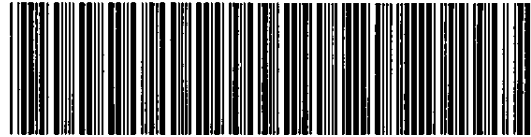
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500260890575

06/09/14--01032--004 **25.00

14 JUN -9 PM 2:08
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cruiseport Innkeepers, 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:

David Akridge

(Name of Person)

Cruiseport Innkeepers, LLC

(Firm/Company)

180 Locust St., Suite 2

(Address)

Dover, NH 03820

(City/State and Zip Code)

For further information concerning this matter, please call:

Candy Grimbilas

603

559-2122

(Name of Person)

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cruiseport Innkeepers, LLC

(Name of limited liability company)

New Hampshire

(Jurisdiction of its organization)

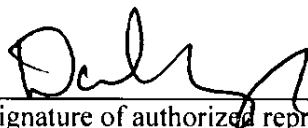
December 2, 2011

(Date registered with Florida Department of State)

M11000006069

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

David Akridge

(Typed or printed name of signee)

FILED
STATE OF FLORIDA
TALLAHASSEE
14 JUN -9 PM 2:08

Filing Fee: \$25.00