

4/14/2016 12:38:36 PM From: To: 8506176383 (1/3)

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
HARVEST REGIONAL MANAGEMENT SUB LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harvest Regional Management Sub 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:

Leah Kuor

(Name of Person)

Harvest Regional Management Sub LLC

(Firm/Company)

5885 Meadows Road, Suite 500

(Address)

Lake Oswego, Oregon 97035

(City/State and Zip Code)

For further information concerning this matter, please call:

Leah Kuor

(Name of Person)

503

at ()

586-7309

(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

Harvest Regional Management Sub LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 30, 2013

(Date registered with Florida Department of State)

M13000004760

(Florida Document Number)

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



(Signature of authorized representative)

Leah Kuor, Assistant Secretary

(Typed or printed name of signee)

16 APR 14 AM 9:44

Filing Fee: \$25.00