## m460002407

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



500268552675

01/23/15--01024--012 \*\*35.00



B. BOSTICK
FEB - 3 2015
EXAMINER

## **COVER LETTER**

Division of C					
SUBJECT: 5 Arch	Income Fund 1, LL	С			
· · · · · · · · · · · · · · · · · · ·	(Name of For	eign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdraw	val and fee(s) are submitte	d for filing.			
Please return all corres	pondence concerning this	matter to the following	<b>y</b> ;		
Gene Clark					
	(Name of Person)		_		
5 Arch Income F	und 1, LLC				
	(Firm/Company)		-		
1920 Main Stree	t, Suite 210				
	(Address)		_		
Irvine CA, 92614				2015	
	(City/State and Zip Cod	e)	_	<b>.</b>	E
For further information	n concerning this matter, p	lease call:		23 ?Yr	
Tricia Lee		949 at (	387-4459	7 7 7 N	Ö
(Nam	ne of Person)		Daytime Telephone Number)	51 G	
Registration S Division of C Clifton Build	orporations ing ve Center Circle	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314		
Enclosed is a check for	or the following amount:				
7 \$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

5 Arch Income Fund 1, LLC	
(Name of limited liability company)	
California	
(Jurisdiction of its organization)	
04/08/2014	
(Date registered with Florida Department of State)	
M14000002407	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in the	nis state.
(Signature of authorized representative)  Gene Clark, CLO	7 11 5 JAN 23 P
(Typed or printed name of signee)	0 R. I

Filing Fee: \$25.00