

M18 0000 10410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

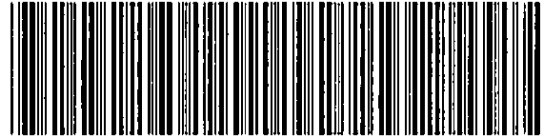
(Document Number)

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20 FEB 26 PM 2:22

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C. H. H. H. H.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NCPA 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:

Wes Robinson
(Name of Person)

NCPA LLC
(Firm/Company)

Suite 1904 940 Cape Marco Dr
(Address)

Marco Is Fla 34145
(City/State and Zip Code)

For further information concerning this matter, please call:

W Robinson

(Name of Person)

at

(239) 631-5352

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

20 FEB 26 PM 2:28

20 FEB 25 PM 2:22

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MLPA LLC

(Name of limited liability company)

Ohio

(Jurisdiction of its organization)

11/1/18

(Date registered with Florida Department of State)

M18 000012410

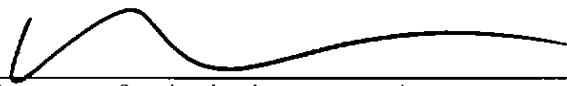
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

H N Robinson

(Typed or printed name of signee)

Filing Fee: \$25.00