

M1900000 7185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Withdrawal

2024 JUN -7 PM 12 28
STATE OF MISSISSIPPI

FILED

A. RAMSEY
JUN 10 2024

RECEIVED
2024 JUN -7 PM 3:17
6/1

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE *4882187* 4805411
AUTHORIZATION *[Signature]*
COST LIMIT : \$ 35.0

ORDER DATE : June 6, 2024
ORDER TIME : 1:02 PM
ORDER NO. : 488218-030
CUSTOMER NO: 4805411

FOREIGN FILINGS

NAME: MAINGATE, LLC

XX___ CORPORATE
___ LIMITED PARTNERSHIP
___ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY
XX___ PLAIN STAMPED COPY
___ CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAINGATE, 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:

Sarah Porteus

(Name of Person)

c/o Legends Hospitality, LLC

(Firm/Company)

61 Broadway, 24th Floor

(Address)

New York, NY 10006

(City/State and Zip Code)

For further information concerning this matter, please call:

John Ruzich

(Name of Person)

317

243-2538

at (_____)

(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

FILED

2024 JUN -7 PM 12 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MAINGATE, LLC

(Name of limited liability company)

Indiana

(Jurisdiction of its organization)

07/25/2019

(Date registered with Florida Department of State)

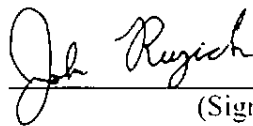
M19000007185

(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)

John Ruzich

(Typed or printed name of signee)

Filing Fee: \$25.00

488218-30