# F 11 00000 2531

(Requestor's Name)	
(requestors runne)	
(Address)	—
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
J. HORNE	
FEB 2 0 2025	
Office Use Only	



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### Incorporating Services, Ltd.

incserv

1,540 Gienway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

# ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 2/19/2025

PRIORITY Regular Approval

OUR REF # (Order ID#) 1351366

ORDER ENTITY

PLEASE PERFORM THE FOLLOWING SERVICES:

LIONSTAR CORPORATION (FL)

File the attached withdrawal document

NOTES:

\$35.00 Authorized

# RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely, [

÷.,.

025 FEB 19

Pii 2:5

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# **COVER LETTER**

#### Amendment Section TO: Division of Corporations

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SUBJECT:	LIONSTAR CORPORATION		
	· · · · · · · ·	(Name of Corporation)	
DOCUMEN	TNUMBER:	······	
The enclosed	d withdrawal application and	fee are submitted for filin	g.
Please return	all correspondence concerning	this matter to the follow:	ing:
SAI	NDRA BALDA		
		(Name of Person)	
CIS	NEROS CORPORATION		
		(Firm/Company)	. <u> </u>
1 A.	LHAMBRA PLAZA, SUITE PH		
		(Address)	
CO	RAL GABLES, FL 33134		
	((	City/State and Zip code)	
For further in	nformation concerning this mat	ter, please call:	
SANDRA BA	ANDRA BALDA at ( <u>305</u> ), <u>755-5112</u> (Area Code & Daytime Telephone Number)		5112
	(Name of Person)	(Area Code	& Daytime Telephone Number)
Enclosed is a	a check for the amount:		
☑ \$35 Filin	g Fce 🛛 \$43.75 Filing Fee & Certificate of Status	Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ame Divis P.O.	ng Address: ndment Section sion of Corporations Box 6327 hassee, FL 32314	<u>Street Address:</u> Amendment Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Fi 1000002537 (Document Number of Corporation (if known)	(Name of Corporation)	
19		2075 F
DELAWARE on 06/17/2011	(Document Number of Corporation (if known)	
	on 06/17/2011	M 61
(Incorpora		(Document Number of Corporation (if known)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

I ALHAMBRA PLAZA, SUITE PH

(Mailing Address)

CORAL GABLES, FL 33134

LIONSTAR CORPORATION

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

ALBERT DIAZ-SILVEIRA

02/18/2025

(Date)

(Typed or printed name of person signing)

Director, Treasurer, Secretary

FILING FEE \$35

(Title of person signing)