

M04000004256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

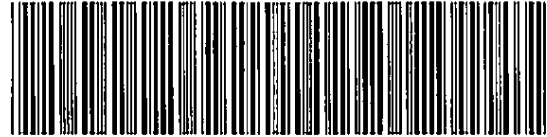
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300437055213

FILED

2024 SEP 24 AM 8:52

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

RECEIVED

2024 SEP 24 PM 3:32

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 09/24/24  
Order #: 1630447-5  
Re: Northstar Lakeside, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NorthStar Lakeside, 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:

Monica L. Gutierrez

\_\_\_\_\_  
(Name of Person)

NorthStar Memorial Group, LLC

\_\_\_\_\_  
(Firm/Company)

1900 St. James Place, Suite 300

\_\_\_\_\_  
(Address)

Houston, TX 77056

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Monica L. Gutierrez

\_\_\_\_\_  
(Name of Person)

832

308-2722

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NorthStar Lakeside, LLC

(Name of limited liability company)

FL

(Jurisdiction of its organization)

10/06/2004

(Date registered with Florida Department of State)

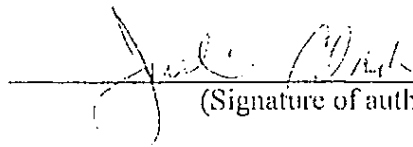
M04000004256

(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: 09/30/2024 (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)

Justin Clark

(Typed or printed name of signer)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2024 SEP 24 AM 8:53

FILED