## M06000003132

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2.00.000 2.00)
(Document Number)
Certified Copies Certificates of Status
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SECRETARY OF STATE

## **COVER LETTER**

'TO: Registration Division of	n Section f Corporations			
· v	·			
SUBJECT: LCG Transportation, LLC				
	(Name of Fo	oreign Limited Liability	y Company)	
Dear Sir or Madam:				
The enclosed withd	rawal and fee(s) are submitt	ted for filing.		
Please return all cor	respondence concerning thi	is matter to the following	ng:	
John S. Elias				
	(Name of Person)			
Elias, Meginnes, Ri	ffle & Seghetti, P.C.			
	(Firm/Company)		_	
416 36 - 54 64	1400			
416 Main Street, Ste			_	
	(Address)			
Peoria, IL 61602				
(City/State and Zip Code)		<del>-</del> 		
For further informat	ion concerning this matter,	please call:		
1				
John S. Elias		at (309	_)	
(N	ame of Person)	(Area Code	& Daytime Telephone Number)	
	STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
	Corporations	Division of Corporations		
Clifton Bui		P.O. Box 6327		
	ative Center Circle	Tallahassee, Florida 32314		
Tallahasse	e, Florida 32301			
Enclosed is a check	for the following amount	<b>::</b>		
\$25 Filing Fee	\$30 Filing Fee &	\$55 Filing Fee &		
-	Certificate of Status	Certified Copy	Certificate of Status &	
	Circle 4 to 1	**	Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

LCG Transportation, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
4001 Tamiami Trail North, Suite 350 (Mailing address)
Naples, FL 34103
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Joh Sa
(Signature of member or authorized representative of a member)
John S. Elias, Authorized Representative
(Typed or printed name of signee)

Filing Fee: \$25.00