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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

12 III 30 P P 61

COVER LETTER

_	sion of C	Section Corporations		
SUBJECT:	Leben	thal and Company, LL	.C	
			eign Limited Liabilit	y Company)
Dear Sir or M	ladam:			
The enclosed	withdrav	wal and fee(s) are submitte	ed for filing.	
Please return	all corre	spondence concerning this	matter to the followi	ng:
Ms. Kriste	n Niebi	uhr		
		(Name of Person)		_
Lebenthal	and Co	mpany, LLC		
		(Firm/Company)		
521 5th Av	/enue, l			_
		(Address)		
New York	, NY 1	· · · · · · · · · · · · · · · · · · ·		_
		(City/State and Zip Cod	e)	
For further in	formatio	n concerning this matter, p	olease call:	
Ms. Krister	n Niebu	hr	at (212	697-3683
	(Nar	ne of Person)	(Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations		MAILING ADDRESS: Registration Section Division of Corporations		
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a	check f	or 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

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

Lebenthal and Company, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
40000000011	
M0800000911 (Florida Document Number)	
,	
This limited liability company is no longer transacting business authority to transact business in this state.	in Florida and surrenders its
This limited liability company revokes the authority of its registe ts behalf and appoints the Department of State as its agent for cause of action arising during the time it was authorized to transact	red agent to accept service on service of process based on a business in Florida.
521 5th Avenue, Floor 15	
(Mailing address)	
New York, NY 10175	
(City/State/Zip)	
The limited liability company agrees to notify the Department change in its mailing address. Signature of member or authorized representative of a member)	of State in the future of any
Kristen Niebuhr	12 TAL
Typed or printed name of signee)	JUL 30 PH 5: 04 CRETARY OF STATI LAHASSEE, FLORI

Filing Fee: \$25.00