12122023573 From: Kimberly Laughrey

# Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

: (954)208-0845 Fax Number

# LLC DISSOLUTION OR WITHDRAWAL RG-LAKELAND LLC

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12122023573 From: Kimberly Laughrey

## COVER LETTER

Division of	i Section Corporations			
	AKELAND, LLC			
SUBJEC'T:	(Name of For	eign Limited Liability	Company)	<del></del>
Dear Sir or Madam:		:		
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the followin	g:	
Tasha Palmer				
	(Name of Person)		<del>-</del> .	•
Rockefeller Group				11.
	(Firm/Company)			
1221 Avenue of the	Americas - Fl 17	<del>j</del> ⊲		
	(Address)	<u></u>	<del>-</del>	
New York, NY 100	20			
	(City/State and Zip Cod	c)	_	
For further informati	ion concerning this matter, p	lease call:		
Tasha Palmer		212 at (	282-2025	
(N	ame of Person)	(Area Code	& Daytime Telephone Number)	<del></del>
Registration Division of Clifton Bui 2661 Exect	Corporations	Regi Divi P.O.	ILING ADDRESS: stration Section sign of Corporations Box 6327 shasses, Florida 32314	·
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Pee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RG-LAKELANI	ID, LEC	
	(Name of limited liability company)	<del></del>
Delaware		
	(Jurisciction of its organization)	
July 18, 2008		
	(Date registered with Florida Department of State)	
M08000003383		
	(Florida Document Number)	
Effective Date	iability company is withdrawing its certificate of authority in this state, if other than the date of filing:	(optional)
more than 90	re date is listed, the date must be specific and cannot be prior to date of days after filing.)	
	late inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of S	
	(Signature of authorized representative)	
	Tasha Palmer	
	(Typed or printed name of signee)	•

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