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 : (850)222-1092 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL LAKESIDE NORTH PARTNERS, LLC



Certificate of Status	0		
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Electronic Filing Menu

Corporate Filing Menu

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TEC - 8 2014

T. HAMPTON

COVER LETTER

TO:			Section Corporations		•	
SUBJEC	~т.	LAKE	SIDE NORTH PARTNERS	LLC		
SUBJEA	-1 1.		(Name of For	eign Limited Liability (Company)	
Dear Sir	or M	ladamı				
				4.4 = 11	•	
I De enci	0500	withdre	wal and fee(s) are submitted	ior ning.		
Please re	KUM	all com	espondence concerning this	matter to the following:		
Terri Me	cLau;	ghlin			•	
			(Name of Person)	 		
Landma	ırk Rı	esidenti:	al, LLC			
		· · · · · · · · ·	(Firm/Company)		•	
3505 B	Pront	age Ro	ad, Suite 150			
			(Address)		•	
Tumpe,	PL :	33607-1	703		•	
			(City/State and Zip Cod	e)		
For furti	her in	formati	on concerning this matter, p	icaso call:		
Terri M	cI, su	ghlin		813	281-2907	
		(Ni	ame of Person)		Daytime Telephone Number)	
	STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323			ration Section on of Corporations lox 6327		
Enclose	ed la r	check	for the following amount:			
1 \$25 €	Piling	Pec	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LAKESIDE NORTH PARTNERS, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/17/2008
(Date registered with Florida Department of State)
M08000004235
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
ioseph Lubeck
(Typed or printed name of signes)

Filing Fee: \$25.00

THEC-5 M T: 51
SECRETARY OF STATE