

M09000001739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

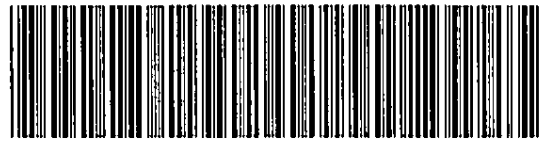
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF COMPOSITIONS
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FEB 6 2 1966

LEHMAN BROTHERS HOLDINGS INC.

LINDA A. KLANG
SENIOR VICE PRESIDENT

CERTIFIED MAIL 7008 1140 0002 8158 4058

January 22, 2018

State of Florida
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: James Ross Art LLC
Identification Number: M09000001739

Dear Sir or Madam:

Form: Notice of Withdrawal of Certificate of Authority

Fee: \$25.00

Check Enclosed: Yes (X) No ()

Kindly acknowledge receipt of the above by stamping and returning the enclosed copy of this letter to the undersigned.

Sincerely,



Linda A. Klang
Enclosures

LAK/ag

TO: Registration Section
Division of Corporations

(Name of Foreign Limited Liability Company)

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

at (201) 526-1484
(Area Code & Daytime Telephone Number)

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

☒ \$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

James Ross Art LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

5/8/2009

(Date registered with Florida Department of State)

M09000001739

(Florida Document Number)

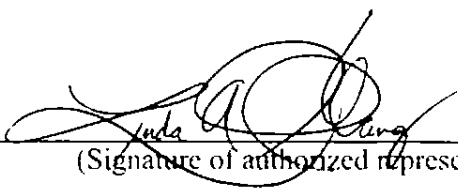
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SECTION OF CORPORATIONS
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This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (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)

Linda A. Klang

(Typed or printed name of signee)

Filing Fee: \$25.00