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(Re	equestor's Name)	
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011 HAY 11 PH 2: 00

WAY 1 4 2019 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

FOREIGN FILINGS

	NAME:	LMG	INVESTM	ENTS,	LLC	
	CORPORAT LIMITED LIMITED	PARTNE		'ANY		
<u>XXXX</u> W	ITHDRAWA	L/CANCE	ELLATION	Ī		
PLEASE	RETURN	THE FOI	LLOWING	AS PRO	OOF OF	FILING:
XX	PLAIN	'IED COI STAMPEI 'ICATE (_	IS		

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

TO:		on Section of Corporations				
SUBJE	LX S	Services LLC; C	ross Referen	ce Name: LMG	INVEST	TMENTS, LLC
SUBUE.	···		(Name of Fo	oreign Limited L	iability (Company)
Dear Sir	or Madan	ı:				
The enc	losed with	drawal and fee(s	are submitt	cd for filing.		
Please re	eturn all co	orrespondence co	ncerning thi	s matter to the fo	ollowing	:
Michell	e E. Vande	erwall CPA, CG	MA			
		(Name o	Person)			-
CDL Fa	unily Offic	e Services	į			
		(Firm/Co	mpany)			•
505 S. F	lagier Dri	ve, Suite 900	• • • • • • • • • • • • • • • • • • •			
		(Address)			,
West Pa	ılm Beach.	FL: 33401	<u> </u>			
		(City/Sta	te and Zip Co	de)		
For furth	ner informa	ition concerning	this matter, p	please call:		
Michell	e E. Vande	rwail CPA, CGI	ήΑ Α	561 at (832-9292
	(Name of Person)		(Area	Code &	Daytime Telephone Number)
		COURIER AD	DRESS:			ING ADDRESS:
		on Section	:	Registration Section		
		f Corporations	į	Division of Corporations		
	Clifton Bu			P.O. Box 6327		
		cutive Center Cir ce, Florida 3230	1		i ajian:	assee, Florida 32314
Enclose	d is a chec	k for the follow	ing amount:	:		
□ 5 25 F	iling Fee	☐ \$30 Filin Certifica	Fee & te of Status	☐ \$55 Filing Certified C		Certificate of Status &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LX SERVICES, LLĆ;	Cross Reference Name: LMG INVESTMENTS, LLC	
:	(Name of limited liability company)	
;	Delaware	
	(Jurisdiction of its organization)	- · · · · · · · · · · · · · · · · · · ·
	12/08/2009	
	(Date registered with Florida Department of State)	***************************************
	M0900004810	
	· (Florida Document Number)	
This limited liabilit	y company is withdrawing its certificate of authority in this	s state.
(If an effective date more than 90 days a Note: If the date in	serted in this block does not meet the applicable statutory for listed as the document's effective date on the Department	filing requirements,
А. Н	(Signature of authorized representative) anley, President of Lexington Management, Inc., Sole Member	
	(Typed or printed name of signee) Filing Fee: \$25.00	SELUNE FARY OF STATE SALUAHASSEE FLORIDA