## M1000000018

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 120542 7578386
AUTHORIZATION : Spelle Man
COST LIMIT : \$ 25.00
ORDER DATE : January 2, 2020
ORDER TIME : 9:08 AM
ORDER NO. : 120542-130
CUSTOMER NO: 7578386
**************************************
FOREIGN FILINGS
NAME: LRA GP LLC
CORPORATE LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
DI FACE DESCRIPTION SUR POLICIANO AS DECOS OF STATES
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

EXAMINER: \_\_\_\_

CONTACT PERSON: Kadesha Roberson - EXT#

## **COVER LETTER**

TO: Registration Division o	n Section f Corporations		
SUBJECT:	DA GPU	C	
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	matter to the following	;
Megan	(Name of Person)	nessy	-
	(Firm/Company)		-
One Per	in Plaza S	inte 401	.5
New You	(City/State and Zip Coo	YK 10119	-
For further informat	ion concerning this matter, p	lease call:	
(N	lame of Person)	at (at Code &	Daytime Telephone Number)
STREET/COURIER 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 32314	
Enclosed is a check	for the following amount:		
\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LRAGPUC :0 3	
(Name of limited liability company)	"ÎÎ
(Jurisdiction of its organization)	F
17 Z	III
(Date registered with Florida Department of State)	O
(Date registered with Florida Department of State)	
(Florida Document Number)	
(Florida Document Number)	
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.	
14 00	
Allentonop	
(Signature of authorized representative)	
(o.g. aumorized representative)	
Allison Forrester, Assl Secretary	
(Typed or printed name of signee)	

Filing Fee: \$25.00

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LDA GP LLC (Name of Foreign Limited Liability Company)
Dear Sir or Madam:
The enclosed withdrawal and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Megan D'Shaughnessy (Name of Person)
(Firm/Company)
One Penn Plaza Sutte 4015
New York New York 10119 (City/State and Zip Code)
For further information concerning this matter, please call:
at (
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Clifton Building Division of Corporations Clifton Building Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
S25 Filing Fee S30 Filing Fee & S55 Filing Fee & S60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy