M10000001489

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
P WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certificates of	Status
s to Filing Officer:	
	i
	(Address) (Address) (City/State/Zip/Phone #) P WAIT (Business Entity Name)

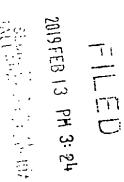
Office Use Only





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Milhdianval

FEB 13 2019 LALBRITTON

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT:	LF Observation	T RENTE	ILS, LLC
	(Name of Por	eigh Eilinted Elabitity C	company)
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 following:	
k	(Name of Person)		
	(Firm/Company)		
	Mesquite (City/State and Zip Cold		
For further informat	ion concerning this matter, p	dease call:	
	en Lang	at (707	346-1297
(%)	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Execu	Corporations	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec. Florida 32314
Enclosed is a check	for the following amount:		
\$25 Filing Fee	S30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy



February 1, 2019

KENT LANG 1474 SUNSHINE COURT NESQUITE, NV 89034

SUBJECT: LFT RENTALS, LLC Ref. Number: M10000001469

We have received your document for LFT RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida Limited Liability Company, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 219A00002383

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www.sunbiz.org

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	-
(Jurisdiction of its organization)	-
(Date registered with Florida Department of State) M 100001469 (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: 1-1-209 (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)	
(Typed or printed name of signee) (Typed or printed name of signee) (Typed or printed name of signee)	7

Filing Fee: \$25.00