M1000002120

(Re	questor's Name)			
(Ad	dress)			
. (Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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SEURETARY OF STATE

COVER LETTER

TO:			Section Corporations				
SUBJE	ECT:	LCG F	und Management, LLC				
			(Name of Fo	oreign Limited Lia	bility C	Company)	
Dear Si	ir or N	ladam:					
The end	closed	withdra	wal and fee(s) are submitt	ed for filing.			
Please 1	return	all corre	espondence concerning thi	s matter to the foll	lowing:	:	
John S.	Elias						
			(Name of Person)				
Elias, N	/legins	nes, Riff	le & Seghetti, P.C.				
			(Firm/Company)				
416 Ma	ain Str	eet, Ste.	1400				
			(Address)				
Peoria,	IL 61	602					
			(City/State and Zip Coo	de)			
For furt	her in	formatic	n concerning this matter,	please call:			
John S.	Elias			at (309)	637-6000	
		(Nar	ne of Person)		ode & I	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					
Enclose \$25 F			or the following amount: \$30 Filing Fee & Certificate of Status	\$55 Filing Fe Certified Cop		□ \$60 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

LCG Fund Management, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
M10000002120	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida authority to transact business in this state.	a and surrenders its
This limited liability company revokes the authority of its registered agent its behalf and appoints the Department of State as its agent for service of cause of action arising during the time it was authorized to transact business in	to accept service on process based on a n Florida.
801 Laurel Oak Drive, Suite 102	
(Mailing address)	
Naples, FL 34108	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in change in its mailing address. (Signature of member of authorized representative of a member) Matthew R. Lund (Typed or printed name of signee)	FILED SECRETARE OF STATE TALLAHASSEE, FLORI

Filing Fee: \$25.00