# M11000004620

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I. HARRIS

## C T CORPORATION C/O SUNSHINE CORPORATE

### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

9/19/2016

In Isol

ACCOUNT NUMBER: FCA000000023

Name:	LMI-JACKSONVILLE, LLC		
Document #:			
Order #:			
Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial		Country of Destination:	
Certification:		Number of Certs:	
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Thank you!

#### **COVER LETTER**

TO: Registration Division of	Section Corporations		
SUBJECT: LMI-Ja	cksonville, LLC		
	(Name of For	eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitted	d for filing.	
Please return all corre	espondence concerning this	matter to the following:	
Stacy M. Rosenthal			
	(Name of Person)		
LMI-Jacksonville, L	LC		
	(Firm/Company)		
1001 Pennsylvania A	Ave NW		
	(Address)		
Washington DC 200	04		
	(City/State and Zip Cod	e)	
For further informati	on concerning this matter, p	lease call:	
Stacy M. Rosenthal		202 at (	729-5251
(N	ame of Person)	(Area 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	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2016

ct

SUBJECT: LMI-JACKSONVILLE, LLC

Ref. Number: M11000004620

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

Cover sheet must be signed when using an account.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 816A00020096

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#### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LMI-Jacksonville, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
09/14/2011
(Date registered with Florida Department of State)
M11000004620
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Stacy M. Rosenthal
(Typed or printed name of signee)

Filing Fee: \$25.00