

M11000004921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400261631194

07/03/14--01008--002 **25.00

FILED

2014 JUL -3 P 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 3 2014

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Logic Solutions Group, 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:

Lucy M. Sligh

(Name of Person)

Logic Solutions Group
~~Capitol Services - Corporate Filings Team~~

(Firm/Company)

~~800 Brazos St 400~~ 303 Brame Rd

(Address)

~~Austin TX 78704~~ Ridgeland, MS 39157

(City/State and Zip Code)

For further information concerning this matter, please call:

at (800) 345-4647

(Name 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

2014 JUL -3 P 4: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Logic Solutions Group, LLC

(Name of limited liability company)

Nebraska

(Jurisdiction of its organization)

9/29/2011

(Date registered with Florida Department of State)

M11000004921

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

K. William Grothe

(Signature of authorized representative)

K. William Grothe

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL -3 P 4: 26

FILED

Filing Fee: \$25.00