

MI 000006157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

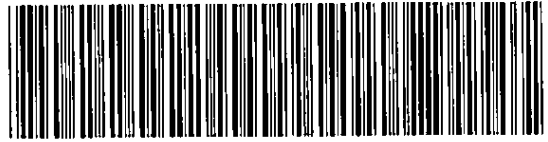
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TALLAHASSEE, FLORIDA
2023 MAR 17 AM 9:53
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/17/2023
Acc#I20160000072

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Name:	LD ACQUISITION COMPANY 8 LLC
Document #:	
Order #:	14841113

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 Filing Withdrawal 1st - Registration 2nd	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Examiner _____
Updater _____
Verifier _____
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Ref# _____

Amount: \$	25.00
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LD ACQUISITION COMPANY 8 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:

Carla Matthews

(Name of Person)

LANDMARK DIVIDEND LLC

(Firm/Company)

400 CONTINENTAL BLVD

(Address)

EL SEGUNDO, CA 90245-5076

(City/State and Zip Code)

For further information concerning this matter, please call:

Carla Matthews

(Name of Person)

at (

424-277-3261

) (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2023 MAR 17 AM 9:54
SECRETARY OF
TALLAHASSEE
FLORIDA

22

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LD ACQUISITION COMPANY 8 LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

5/3/2011

(Date registered with Florida Department of State)

M11000006157

(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.

/s/Josef Bobek

(Signature of authorized representative)

Josef Bobek

(Typed or printed name of signee)

Filing Fee: \$25.00