

M/20000003461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

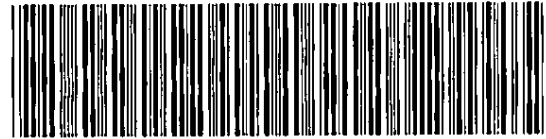
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300403556763

Withdrawal

FILED

2023 MAR 15 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 MAR 15 PM 1:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY

MAR 16 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 03/15/2023

Acc#I20160000072

en: c DW

Name:	LD ACQUISITION COMPANY 7 LLC
Document #:	
Order #:	14836855

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"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

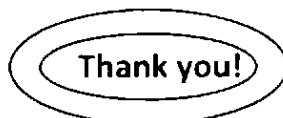
Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00



FILED

2021 MAR 15 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LD Acquisition Company 7 LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

06/19/2012

(Date registered with Florida Department of State)

M12000003461

(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