

11130000001138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

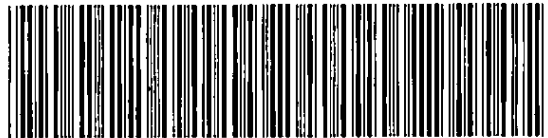
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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500399613595

Withdrawal

FILED

2023 FEB 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 FEB 28 PM 4:01

DIRECTOR'S OFFICE
CORPORATIONS
TALLAHASSEE, FLORIDA

A. RAMSEY
MAR 01 2023

CT CORP

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

Date: 02/28/2023

Acc#I20160000072

en: c DW

Name:	LD ACQUISITION COMPANY 10 LLC
Document #:	
Order #:	14803635 - 59

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<h1>1-2 Filing</h1>	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	1. Withdrawal 2. Registration	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

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

Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(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

424-277-3261

(Name of Person)

at (_____) _____
(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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

FILED

2023 FEB 28 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LD ACQUISITION COMPANY 10 LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

02/21/2013

(Date registered with Florida Department of State)

M13000001138

(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