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(Requi	estor's Name)	
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(City/S	itate/Zip/Phone	= #)
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(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
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Special Instructions to Fili	ng Officer:	

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DETARTHER OF MAN

K.SALY EXAMINER AUG 10 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 733345 AUTHORIZATION COST LIMIT : (\$\frac{1}{2}.5\frac{1}{2}.00 ORDER DATE: August 4, 2015 ORDER TIME : 3:42 PM ORDER NO. : 733345-015 CUSTOMER NO: 7539851 FOREIGN FILINGS

CC	DRPORAT	Έ					
L	IMITED	PARTNE	RSHIP				
XXX L	[MITED	LIABILI	TY COM	YNA?	7		
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PLEASE I	RETURN	THE FOI	LOWING	AS	PROOF	OF	FILING:
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NAME: LAGASSE LLC

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

	ration Section on of Corporations
SUBJECT:	agasse, LLC
Subject.	(Name of Foreign Limited Liability Company)
Dear Sir or Ma	dam:
The enclosed w	ithdrawal and fee(s) are submitted for filing.
Please return al	correspondence concerning this matter to the following:
	(Name of Person)
Corporation	Service Company
	(Firm/Company)
1560 Broad	way, Suite 2090
	(Address)
Denver, CC	80202
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
	at ()
	(Name of Person) (Area Code & Daytime Telephone Number)
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: Pation Section Registration Section On of Corporations Division of Corporations Building P.O. Box 6327 Executive Center Circle Tallahassee, Florida 32314 Passee, Florida 32301
Enclosed is a c	neck for the following amount:
□ \$25 Filing Fe	ce \$\Bigsigmu\$\$ \$30 Filing Fee & \$\Bigsigmu\$\$ \$55 Filing Fee & \$\Bigsigmu\$\$ \$560 Filing Fee, Certificate of Status & Certified Copy Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lagasse, LLC
(Name of limited liability company)
llinois
(Jurisdiction of its organization)
4/10/2013
(Date registered with Florida Department of State)
20131226799
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Eric A. Blanchard, Manager
(Typed or printed name of signee)

Filing Fee: \$25.00