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10 AUG 16 FM 4: 31

19 ALD 16 AH 9: 28

O SIMMONS AUG 1 9 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO	. :	12000000	00195
	REFERENC	E :		7266554
	AUTHORIZATIO	N :	Spell	Renan
	COST LIMI	T :	\$ 25.60	
ORDER DATE	E : August 16, 201	9		
ORDER TIME	E : 3:33 PM			
ORDER NO.	: 888710-010			
CUSTOMER 1	NO: 7266554			
ИAИ	FOREIGN ME: LAF GARDENS		<u>NGS</u>	
LIMI	PORATE ITED PARTNERSHIP ITED LIABILITY COMPA	ANY		
XXXX WITHI	DRAWAL/CANCELLATION			
PLEASE RET	TURN THE FOLLOWING A	AS PR	OOF OF FI	LING:
XX PI	ERTIFIED COPY LAIN STAMPED COPY ERTIFICATE OF STATUS	S		

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

Registration Section

TO:

Division o	of Corporations					
LAF SUBJECT:	Gardens LLC					
(Name of Foreign Limited Liability Company)						
Dear Sir or Madam	:					
The enclosed with	trawal and fee(s) are submitte	ed for filing.				
Please return all co	rrespondence concerning this	s matter to the following	; :			
Paralegal						
	(Name of Person)	-	-			
c/o Barings LLC						
	(Firm/Company)		-			
One Financial Plaz	a					
	(Address)		-			
Hartford, CT 0610	3					
	(City/State and Zip Cod	de)	-			
For further information	tion concerning this matter, p	olease call:				
Kellie Hoyt		860 at (509-2340			
(?	Name of Person)		Daytime Telephone Number)			
Clifton Building P.O. Box 6327		ration Section on of Corporations				
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			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LAF Gardens LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)		<u></u>	
May 1, 2013	1 1 1 - -	<u> </u>	
(Date registered with Florida Department of State)	:-	<u> </u>	
M13000002764	•	91	[]
(Florida Document Number)	7 6	===)
	:	Ŕ	
This limited liability company is withdrawing its certificate of authority in this	s state:	28	
Effective Date, if other than the date of filing:	(opti	onal)	
If an effective date is listed, the date must be specific and cannot be prior to do more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory for this date will not be listed as the document's effective date on the Department.	iling requi	iremer	
his date will not be listed as the document's effective date on the Department	or State s	recor	as.
(Signature of authorized representative)			
Lawrence J. Boudreau			
(Typed or printed name of signes)			

Filing Fee: \$25.00

COVER LETTER

TO: Registration Division of	on Section f Corporations			
LAF	Gardens LLC			
	(Name of Fo	oreign Limited Liability	Company)	
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all con	respondence concerning this	s matter to the followin	g:	
Paralegal				
	(Name of Person)		_	
c/o Barings LLC				
	(Firm/Company)		_	
One Financial Plaza	a			
	(Address)		<u>-</u>	
Hartford, CT 06103	3			
	(City/State and Zip Coo	de)	_	
For further informat	ion concerning this matter, p	olease call:		
Kellie Hoyt		860 at (509-2340	
(N	ame of Person)		k Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O. I	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	