

11/14/000001890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

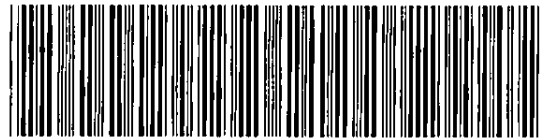
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300417130633

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DIVISION OF CORPORATIONS
2023 NOV 15 PM 12:40

RECEIVED
SOUTH FLORIDA
2023 NOV 15 AM 11:37
TALLAHASSEE, FLORIDA

R. HUNT



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 11/15/23
Order #: 1318439-1
Re: Lakeside Capital GP, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

2023 NOV 15 PM 12:40
DIVISION OF CORPORATIONS
STATE OF FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lakeside Capital GP, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 20, 2014

(Date registered with Florida Department of State)

M14000001890

(Florida Document Number)

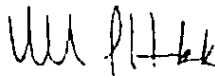
2023 NOV 15 PM 12:40

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATE FILINGS

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.



(Signature of authorized representative)

Michael J. Hornbrook, President

(Typed or printed name of signee)

Lakeside Capital GP, LLC

By: Lakeside Capital Advisors LP, a Delaware LP, its Sole Member

By: LCA GP LLC, a Delaware LLC, a GP

By: Michael J. Hornbrook

Title: President

Filing Fee: \$25.00