

M14000005067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

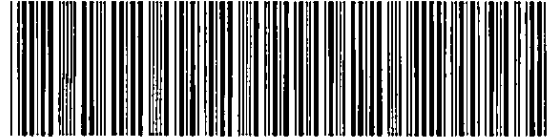
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300398329903

✓ Withdrawal

2022 DEC -2 AM 8:48

FILED

2022 DEC -2 PM 1:45

A. RAMSEY
DEC -5 2022

CT CORP

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

Date: 12/02/2022
Acc#I20160000072

mic DW

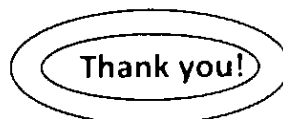
Name:	LSREF2 Island Reo Holdings, LLC
Document #:	
Order #:	14659698

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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"/>

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

Amount: \$ 25.00



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LSREF2 Island REO Holdings, LLC

(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:

CHARLIE DAMPIER

(Name of Person)

HUDSON ADVISORS L.P.

(Firm/Company)

2711 N. HASKELL AVE., SUITE 1700

(Address)

DALLAS, TX 75204

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlie Dampier

(Name of Person)

214

754-8681

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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
2022 DEC -2 AM 8:48
CLERK OF COURT

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LSREF2 Island REO Holdings, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

07/17/2014

(Date registered with Florida Department of State)

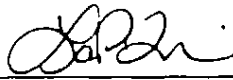
M14000005067

(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.



(Signature of authorized representative)

LAURA P. SIMS, PRESIDENT

(Typed or printed name of signee)

Filing Fee: \$25.00