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023 OCT -6 AHII: 05

R: Ce vED 183 0CI -6 附 3:4 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 018923/ 8411978

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: September 27, 2023

ORDER TIME : 1:37 PM

ORDER NO. : 018923-310

CUSTOMER NO: 8411978

FOREIGN FILINGS

NAME: LG GTB & MAIN LLC

___ CORPORATE

_ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

TO: Registration Division of	on Section of Corporations		
	STB & Main, LLC		
SUBJECT:	(Name of For	reign Limited Liability	(Company)
Dear Sir or Madam	:		
The enclosed withd	lrawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	matter to the following	ıg:
			_
	(Name of Person)		
	(Firm/Company)		_
	(Address)		_
	(City/State and Zip Cod	le)	_
For further informa	tion concerning this matter, p	olease call:	
67	Name of Person)	at ()
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
Enclosed is a check	k for the following amount:		
□\$25 Filing Fee	S30 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

LG GTB & Ma	in, LLC	
	(Name of limited liability company)	
Texas		
	(Jurisdiction of its organization)	
10/08/2014		
	(Date registered with Florida Department of State)	<u> </u>
M1400000732	6	
	(Florida Document Number)	
This limited li	ability company is withdrawing its certificate of authority in this s	tate.
more than 90. Note: If the da	e date is listed, the date must be specific and cannot be prior to date days after filing.) ate inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of Signature of authorized representative)	ng requirements,
	Abraham Sherman	
	(Typed or printed name of signee) Filing Fee: \$25.00	PILED 2020 OCT -6 AM II: 05 INLLAHASSEE, FLORIDA