

M16 0000 4712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

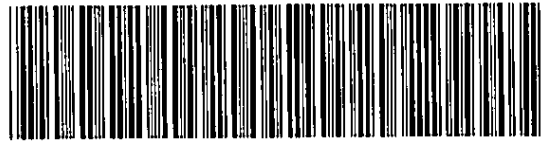
(Business Entity Name)

(Document Number)

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2021 MAR -8 PM 4:56  
TALLAHASSEE, FL

Withdrawal

MAY 17 2021  
I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LMLD Primera 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:

James Heistand

(Name of Person)

Parkway Property Investments, LLC

(Firm/Company)

800 N. Magnolia Avenue, Suite 1625

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

James Heistand

(Name of Person)

407

at ( )

581-2920

(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 &    ☐ \$55 Filing Fee &    ☐ \$60 Filing Fee.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LMLD Primera LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 26, 2016

(Date registered with Florida Department of State)

M16000004712


(Florida Document Number)

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2021 MAR -8 PM 4:56  
CLERK OF STATE  
TALLAHASSEE, FL

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)

James R. Heistand

(Typed or printed name of signee)

**Filing Fee: \$25.00**