

MI 000006180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

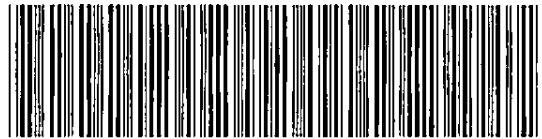
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUL 26 2024

Office Use Only



000431383950

RECEIVED

2024 JUL 25 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2024 JUL 26 PM 11:04



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext: x61563  
Date: 07/25/24  
Order #: 1575845-1  
Re: L3 MANAGEMENT LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:  
I20000000195

A handwritten signature in black ink, appearing to read "Shauna Godbolt", is written diagonally across the right side of the page.

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.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** L3 MANAGEMENT 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:

David Salmonson

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1691 Michigan Ave, Ste 445

\_\_\_\_\_  
(Address)

Miami Beach, FL 33139

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marina Boldt

\_\_\_\_\_  
(Name of Person)

312 236-4935  
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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

2024 JUL 25 PM 9:44

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

L3 MANAGEMENT LLC

\_\_\_\_\_  
(Name of limited liability company)

New York

\_\_\_\_\_  
(Jurisdiction of its organization)

08/03/2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

M16000006180

\_\_\_\_\_  
(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.

*David Salmonson*

\_\_\_\_\_  
(Signature of authorized representative)

David Salmonson

\_\_\_\_\_  
(Typed or printed name of signee)

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|--|---|--|--|