

M17000003244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

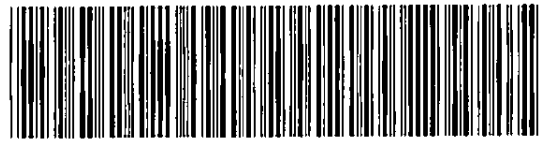
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 DEC 13 AM 9:32

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2024 DEC 13 PM 3:16



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 12/13/24
Order #: 1724918-3
Re: Lakeside Environmental Consultants, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the "Re:" line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

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.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lakeside Environmental Consultants, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/14/2017

(Date registered with Florida Department of State)

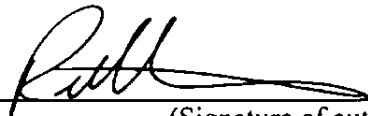
M17000003244

(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: December 22, 2024 (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)

Ronald Simpson

(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2024 DEC 13 AM 9:32

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Filing Fee: \$25.00

CSC WD-11328