

MI70000009794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

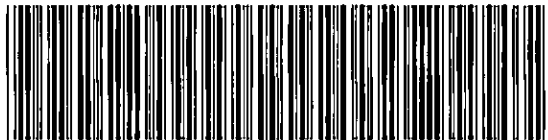
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700388844027

FILED

2023 JAN -9 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JAN -9 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: I20210000160 AMOUNT: 25.00

AUTHORIZATION: _____

Lera Investment Technologies, LLC M1700000794

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of Articles of Incorporation**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

___ **PLLC**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution

___ Merger

___ Conversion

X **Notice of Withdrawal of Certificate of Authority**

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL()___

___ Other
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lera Investment Technologies, 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:

Ximena Rodriguez

(Name of Person)

Lera Investment Technologies, Inc

(Firm/Company)

1111 Brickell Ave., Suite 2775

(Address)

Miami/Florida, 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

Ximena Rodriguez

(Name of Person)

786

492-9257

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

2023 JAN -9 AM 9:43

TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lera Investment Technologies, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/16/2017

(Date registered with Florida Department of State)

M17000009794

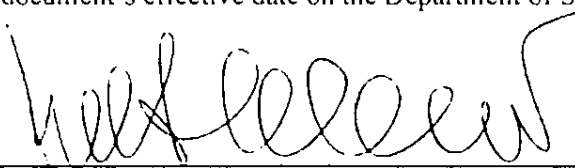
(Florida Document Number)

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)

Robert Koffler

(Typed or printed name of signee)

Filing Fee: \$25.00