

118000004123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

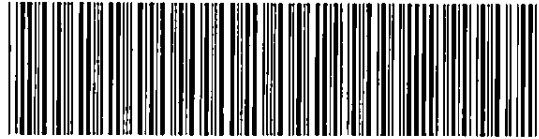
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900429632089

2011 MAY -9 AM 11:56  
STATE  
TALLAHASSEE, FL

RECEIVED  
2011 MAY -9 PM 3:14  
TALLAHASSEE, FLORIDA

RECEIVED

5/10/11



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

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 05/09/24  
Order #: 1503100-1  
Re: LG Operating Company, 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

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

FL STATE  
MAY 9 2024  
11:56 AM

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: LG OPERATING COMPANY, 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:

ABRAHAM SHERMAN

(Name of Person)

LEON CAPITAL GROUP

(Firm/Company)

3500 MAPLE AVE, STE 1600

(Address)

DALLAS, TX 75219.

(City/State and Zip Code)

For further information concerning this matter, please call:

ALCIDEES TINEO

(Name of Person)

at ( 469 ) 654-1380.

(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LG OPERATING COMPANY, LLC.  
(Name of limited liability company)

TEXAS  
(Jurisdiction of its organization)

04/27/2018  
(Date registered with Florida Department of State)

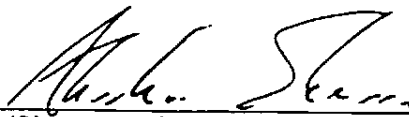
M18 00000 4123  
(Florida Document Number)

7:00 PM  
APR 27 2018  
99:11:56

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: 05/08/2024 (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)

ABRAHAM SHERMAN.  
(Typed or printed name of signee)