

N19000006471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

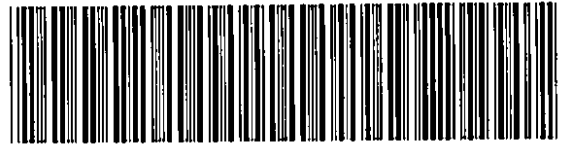
(Business Entity Name)

(Document Number)

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

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FILED  
JUL 19 2021  
FBI - MEMPHIS

JUL 19 9:49 AM '21

JUL 19 2021

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 920044 7782418

AUTHORIZATION

*[Handwritten Signature]*

COST LIMIT : \$25.00

ORDER DATE : July 20, 2021

ORDER TIME : 12:09 PM

ORDER NO. : 920044-015

CUSTOMER NO: 7782418

FOREIGN FILINGS

NAME: THE LAMAR JOHNSON  
COLLABORATIVE, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Lamar Johnson Collaborative, 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:

Heather J. Kociara, Paralegal

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

Thompson Coburn LLP

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

55 E. Monroe Street, 37th Floor

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

Chicago, IL 60603

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

For further information concerning this matter, please call:

Heather J. Kociara, Paralegal

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

312

580-5097

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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

The Lamar Johnson Collaborative, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

June 20, 2019

(Date registered with Florida Department of State)

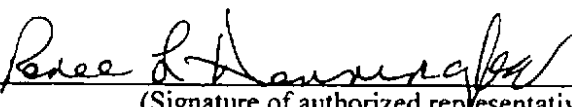
M19000006471

(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)

Renee L. Henningfeld, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
JUN 21 9:49 AM '19  
CLERK OF THE COURT