FN00003034

(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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R. WHITE
NOV - 9 2017

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	11/8/2017		
	ACCT. 120160000072		
Name:	JOHN CRANE GROUP CORPORATION (DE)		
Document #:			
Order #:	10706279 (Inel)		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	Tile 15t!		
Apostille/Notarial Certification:	Country of Destination: Number of Certs:		
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Thank you!

COVER LETTER

	ndment Section sion of Corporations		
	John Crane Group Corporation		
SUBJECT:		(Name of Corporation	<u>, , , , , , , , , , , , , , , , , , , </u>
	F11000003034	(Name of Corporation	''
DOCUMEN	NT NUMBER:		
The enclosed	d withdrawal application and	fee are submitted for fi	ling.
Please return matter to the	n all correspondence concerning following:	g this	
		(Name of Person)	
		(Firm/Company)	
		(Address)	
	((City/State and Zip code	
For further in	nformation concerning this mat	-	
		at ()_	e & Daytime Telephone Number)
Enclosed is	(Name of Person) a check for the amount:	(Area Cod	e & Daytime Telephone Number)
\$35 Filin	g Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section		STREET ADDRESS: Amendment Section Division of Corporations

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

JOHN CRANE GROUP CORPORATION

(Name of Corpora	ition)			
F11000003034 (Document Number of Corporation (if known)				
(Incorporated Under I	Laws of)			
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or con				
This corporation revokes the authority of its registered age appoints the Department of State as its agent for service of put the time it was authorized to transact business or conduct affa	process based on a cause of action arising during			
The following is a current mailing address for the corporation	NOV -8			
227 W. Monroe Street, Suite 1800	SS)			
(Mailing Addres	-8 M 9: 30			
Chicago, 1L 60606				
(City/ State /Zi	p)			
The corporation agrees to notify the Department of State in the	_			
(Signature of a director, president or other officer - if in the hands of a	26 Oct 2017 (Date)			
receiver or other court appointed fiduciary, by that fiduciary)				
Celine Boland (Typed or printed name of person signing)	Vice President Tax (Title of person signing)			
(typed or printed name of person signing)	Little or because signing)			

FILING FEE \$35