

M07000001647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

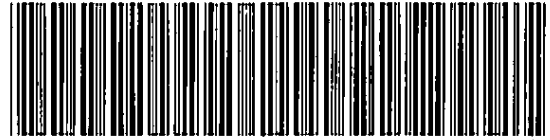
(Business Entity Name)

(Document Number)

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

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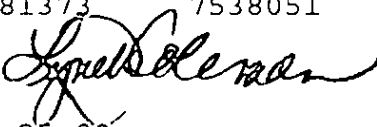
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FILED  
18 SEP 11 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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18 SEP 11 PM 4:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

K. SALY  
SEP 12 2018

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

ACCOUNT NO. : I20000000195  
REFERENCE : 381373 7538051  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : September 11, 2018  
ORDER TIME : 3:12 PM  
ORDER NO. : 381373-050  
CUSTOMER NO: 7538051

FOREIGN FILINGS

NAME: COMPACT POWER SERVICES LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

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

FILED  
18 SEP 11 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Compact Power Services LLC  
\_\_\_\_\_  
(Name of limited liability company)

North Carolina  
\_\_\_\_\_  
(Jurisdiction of its organization)

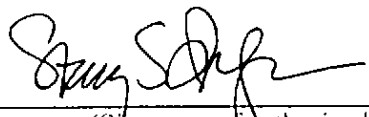
03/21/2007  
\_\_\_\_\_  
(Date registered with Florida Department of State)

M07000001647  
\_\_\_\_\_  
(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)

Stacy S. Ingram, Assistant Secretary  
\_\_\_\_\_  
(Typed or printed name of signer)

Filing Fee: \$25.00