1512000000093

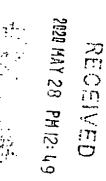
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900345369479

2020 MAY 28 AM 5 19
SECRETARY CARRAGE FORD



Y SULKEP MAY 29 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 05/28/2020 | | |
|-----------------|-----------------------------------|----------------------|--|
| Name: | 01 1 30-1 | - | |
| Reference # | 4000007 | _ | |
| | | ARKETING (U.S.) L.P. | |
| | | | |
| Article | es of Incorporation/Authorization | to Transact Business | |
| ☐ Amer | ndment | | |
| Change of Agent | | | |
| Reinstatement | | | |
| Conversion | | | |
| ☐ Merg | er | | |
| ☑ Disso | olution/Withdrawal | | |
| ☐ Fictiti | ous Name | | |
| Othe | | | |
| Authorized A | Amount: \$52.50 | | |

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| MIDCOAST MARKETING (U.S.) L.P. | |
|---|--------------------------|
| (Name of limited partnership or limited liability limited partnership) | |
| B1200000093 | |
| (Florida Document Number of the Foreign LLP or LLLP) | |
| TX | |
| (Jurisdiction of formation) | |
| 05/15/2012 | |
| (Date authorized to transact business in Florida) | |
| This forcign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant s. 620.1907, F.S. | *** |
| This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state. | <u>_1</u> |
| Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) | |
| 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 a general partner: Vice President, General Course + Secretary, Midcoast Man Typed or printed name: | 1 Negry (U.S.)C ei |
| James L. Shepherd | |
| Filing Fee: \$52.50 | |
| Certified Copy (optional): \$52.50 | |
| Certificate of Status (optional): \$8.75 | |