## Folosono

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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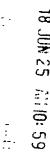
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
RÉFERENCE : 271840 7827866				
AUTHORIZATION Spelle was				
COST LIMIT : \$35.00				
ORDER DATE : June 22, 2018				
ORDER TIME : 4:42 PM				
ORDER NO. : 271840-035				
CUSTOMER NO: 7827866				
FOREIGN FILINGS				
NAME: ASSEMBLEON AMERICA, INC.				
XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY				
XXXX WITHDRAWAL/CANCELLATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS				

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

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

ASSEMBLEON AMERICA, INC.			
(Name of Corporation)			
F01000000093			
(Document Number of Corporation (i	f known)		
Delaware			
(Incorporated Under Laws of	)		
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct a This corporation revokes the authority of its registered agent in I appoints the Department of State as its agent for service of process the time it was authorized to transact business or conduct affairs in I	ffairs in Florida.  Florida to accept service on its behalf and seed on a cause of action arising during	i	
The following is a current mailing address for the corporation:	7.00 7.00 7.00	ᇙ	
1005 VIRGINIA DRIVE			1
(Mailing Address)		25 <i>l</i>	
FORT WARHINGTON PA 19034	····	AH 7: 21	Ċ
(City/ State /Zip)		1: 24	
The corporation agrees to notify the Department of State in the future	re of any change in its mailing address.		
Tamp.	મુમ ા&		
(Signature of a director, possident or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)		
CALUE TAN	CONTROLLER		
(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35