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| (Requ | estor's Name) | | |
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| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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C. LEWIS

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EXAMINER



ACCOUNT NO. : I2000000195 REFERENCE : 815519 AUTHORIZATION: mellenan COST LIMIT : \$ 35.00 ORDER DATE: September 19, 2013 ORDER TIME : 9:18 AM ORDER NO. : 815519-015 CUSTOMER NO: 7739581 FOREIGN FILINGS NAME: AMANO CINCINNATI INCORPORATED 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 CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: ____

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

| | Amano Cincinnati Incorporated | | ٠, |
|-------------------------|--|---|-------------------|
| | (Name of Corporation) | | 13 SF PALLY |
| | F02000003529 | • | SEP 20 AH II: 07 |
| | (Document Number of Corporation | (if known) | SET OF SET |
| | Delaware | | FLOR SIA |
| | (Incorporated Under Laws | of) | |
| This coappoint the time | orporation is no longer transacting business or conducting arily surrenders its authority to transact business or conduct orporation revokes the authority of its registered agent in its the Department of State as its agent for service of proceedit was authorized to transact business or conduct affairs it lowing is a current mailing address for the corporation: 140 Harrison Ave. (Mailing Address) | affairs in Florida. Florida to accept service ess based on a cause of ac | on its behalf and |
| | (Mailing Address) | | |
| | Roseland, NJ 07068 | | |
| | (City/ State /Zip) | | |
| The cor | rporation agrees to notify the Department of State in the fir | ture of any change in its ma | ailing address. |
| | Mille 1 in | 9/17/13 | |
| | (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | |
| | William Ryan | Vice President | |
| | (Typed or printed name of person signing) | (Title of person s | signing) |

FILING FEE \$35