(Requestor's Name)					
(Address)					
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,	(Address)				
(Cit	y/State/Zip/Phone	· #)			
PICK-UP	MAIT	MAIL			
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Certified Copies	_ Certificates	of Status			
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Special Instructions to I	Filing Officer:				

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195		
	REFERENCE	;			
	AUTHORIZATION	:	Spellenen		
	COST LIMIT	:	\$ 35.00		
ORDER DATE :	July 30, 2020				
ORDER TIME :	11:09 AM				
ORDER NO. :	371967-005				
CUSTOMER NO:	7143909				
FOREIGN FILINGS					

NAME: COMPRESSOR CONTROLS CORPORATION

XX CORPORA	ATE				
LIMITE	D PARTNERSHIE	ב			
LIMITE	D LIABILITY (	COMPANY			
XXXX WITHDRA	WAI./CANCELLAT	ГТОN			
********	, , , , , , , , , , , , , , , , , , , ,				
PLEASE RETURI	1 THE FOLLOW	ING AS PRO	OOF OF FI	LING:	
ਪਾਰਜ਼ਾ)	IFIED COPY				
XX PLAIN STAMPED COPY					
CERTIFICATE OF STATUS					
	LITCHIE OF DI	IMIOD			

CONTACT PERSON: Amanda Robinson - EXT# 62968

EXAMINER:

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

Compressor Controls Corporation	
(Name of Corporat	tion)
F05000005903	
(Document Number of Corpora	ation (if known)
Iowa, authorized in Florida on 10/11/2005	
(Incorporated Under Laws of and date authorized to tr	ransact business/conduct its affairs)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of protime it was authorized to transact business or conduct affairs in	cess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
4745 121ST STREET	~
(Mailing Address	ss)
DES MOINES, IA 50323	<u>သ</u>
(City/ State /Zip	) 
The corporation agrees to notify the Department of State in the	
	July 29. 2020
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
John K. Stipancich	Vice President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**