PAGE

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(((H200001517083)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-0821 Phone

Fax Number

: (850)558-1515

DISSOLUTION OR WITHDRAWAL LAMONS GASKET COMPANY

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TE		
1501101	(Name of Corporation)		
DOCU	MENT NUMBER: F09000001644		
The en	closed withdrawal application and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Tamara Spennachio		
	(Name of Person)		
	TriMas Corporation		
	(Firm/Company)		
	38505 Woodward Avenue, Suite 200		
	(Address)		
	Bloomfield Hills, Michigan 48304		
	(City/State and Zip code)		
For fu	ther information concerning this matter, please call:		
Tamara	Spennachio 248 631-5463		
	Spennachio at (248) 631-5463 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for the amount:		
■ \$35	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

LAMONS GASKET COMPANY

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

	(Name of Corporation)	
F0900001644		
	(Document Number of Corporation (if known	own)
Delaware	April 22, 2009	
(Incorporated Undo	er Laws of and date authorized to transact bus	iness/conduct its affairs)
s corporation is no longer truntarily surrenders its author	ansacting business or conducting affairsity to transact business or conduct affair	s within the State of Florida and here rs in Florida.
oints the Department of Stat	uthority of its registered agent in Flore as its agent for service of process base at business or conduct affairs in Florida.	ed on a cause of action arsing during
	ng address for the corporation:	FILE, MAY 21 PM RETARY OF S ANHASSFE, FL
38505 Woodward Avenu	e, Suite 200 (Mailing Address)	
	(Manning / Managay	.52 TE 10 _A
Bloomfield Hills, Michig		
	(City/ State /Zip)	
e corporation agrees to notif	y the Department of State in the future of	of any change in its mailing address.
		05/15/2020
(Signature of a director, preside receiver or other court appoint	nt or other officer - if in the hands of a ed fiduciary, by that fiduciary)	(Date)
Joshua Sherbin	\	Vice President and Secretary
(Typed or printed name	of person signing)	(Title of person signing)

FILING FEE \$35