

FD9000003600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

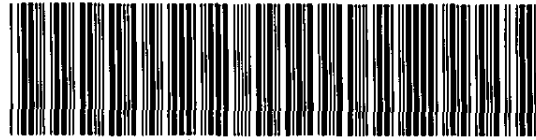
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR 23 PM 4:46
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 23 AM 8:59

C.L.
4-24-15

ACCOUNT NO. : I20000000195

REFERENCE : 601453 7359092

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 23, 2015

ORDER TIME : 2:47 PM

ORDER NO. : 601453-005

CUSTOMER NO: 7359092

FOREIGN FILINGS

NAME: EMICON MANAGEMENT COMPANY

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: Lydia Cohen - EXT# 62974

EXAMINER: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR 23 AM 8:59

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

EMICON MANAGEMENT COMPANY

(Name of Corporation)

F09000003600

(Document Number of Corporation (if known))

DELAWARE

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

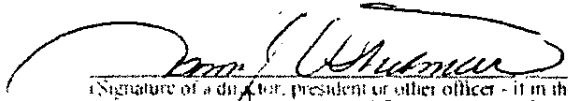
2711 CENTREVILLE RD, STE. 400

(Mailing Address)

WILMINGTON, DE 19808

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/14/15
(Date)

TAMMY S. WHITMIER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE \$35