F090000004548

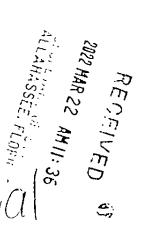
(Requestor's Name)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 510444

AUTHORIZATION : Smell Reman

COST LIMIT : '\$' 3.54.00

ORDER DATE: February 22, 2022

ORDER TIME : 9:31 AM

ORDER NO. : 510444-550

CUSTOMER NO: 7205112

FOREIGN FILINGS

NAME: L.K. COMSTOCK NATIONAL

TRANSIT, 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

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER:

(ill

COVER LETTER

	mendment Section ivision of Corporations	
SUBJEC	L.K. Comstock National Transit, In	c.
OUDOLO	T:	(Name of Corporation)
DOCUM	ENT NUMBER:	
The enclo	osed withdrawal application and	fee are submitted for filing.
Please ret	turn all correspondence concerning	g this matter to the following:
-		(Name of Person)
-		(Firm/Company)
_		(Address)
_	(C	City/State and Zip code)
For furthe	er information concerning this mat	ter, please call:
	(Name of Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed	is a check for the amount:	
□ \$35 Fi		□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is Enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ar Di P.	mendment Section ivision of Corporations O. Box 6327 illahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

L.K. Comstock National Transit, Inc.

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

(Name of Corporation)

	F090000045	348				
		(Document Number	of Corporation (if k	(nown)	·	
	Delaware	11/18/2009				
	(Inco	rporated Under Laws of and date auth	orized to transact bu	usiness/conduct its affa	irs)	
	-	no longer transacting business or rs its authority to transact busine	•		of Florida an	d hereby
appoints	the Departr	wokes the authority of its regist- ment of State as its agent for served to transact business or conduc	ice of process bas	sed on a cause of act		
The foll	owing is a c	urrent mailing address for the co	rporation:			
	c/o Benjami	n Levy, 5 Penn Plaza, 15th FL			202	
	New York, 7		ing Address)		ALLAHA	T
			/ State /Zip)		OF STATES	
The com	Docus	ees to notify the Department of S Segred by: Collini	tate in the future	of any change in its 3/16/20		ress.
{	Signati 4715F	487-2384EF Jent or other officer - if in the h r court appointed fiduciary, by that fiduciary	ands of a	(Date)		
ı	Gene Cellini		:	SVP, Sec'y & Treas		
(Typed or printed name of person signing)				(Title of person signing)		

FILING FEE \$35