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(((H22000367881 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

**DISSOLUTION OR WITHDRAWAL** 

REPSOL TRADING USA CORPORATION

\*\*FILE FIRST, BEFORE H22000367887

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$43.75 |

\*\*FILE FIRST, BEFORE H22000367887

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Help

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H22000367881

## **COVER LETTER**

| TO: Amendment Section Division of Corporations                                                  |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| SUBJECT: Repsol Trading USA Corp                                                                | oration                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                                                                                 | (Name of Corporation)                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| DUCUMENT NUMBER: F120000041                                                                     | 127                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _           |
| The enclosed withdrawal application and                                                         |                                                                                                                                             | -<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2022 OCT 27 |
| Please return all correspondence concerning                                                     | ng this matter to the following:                                                                                                            | ** .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 127         |
|                                                                                                 | (Name of Person)                                                                                                                            | on contract of the contract of | AH          |
| Capitol Services - Corporate F                                                                  | ilings Team                                                                                                                                 | -<br>17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | դ ։8        |
| `                                                                                               | (Firm/Company)                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _           |
| 515 East Park Avenue 2nd Fl                                                                     |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                                                                                 | (Address)                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| Tallahassee, FL 32301                                                                           |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                                                                                 | City/State and Zip code)                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| For further information concerning this ma                                                      | atter, please call:                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
|                                                                                                 | at ( 855 ) 498 - 5500                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| (Name of Person)                                                                                | (Area Code & Daytime Telephor                                                                                                               | ie Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | r)          |
| Enclosed is a check for the amount:                                                             |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status                                      | \$43.75 Filing Fee & \$52.50 Filing Fee Certificate Of State (Additional copy is Enclosed)                                                  | tus & Cert                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |
| Malling 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 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |

H22000367881

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

| Repsol Trading USA Co                                                                                                                                                                                    | rporation                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| (Name of Corporation                                                                                                                                                                                     | 2)                                                                 |
| F12000004127 (Document Number of Corporatio                                                                                                                                                              |                                                                    |
| Texas 10/9/2012                                                                                                                                                                                          | •                                                                  |
|                                                                                                                                                                                                          |                                                                    |
| (Incorporated Under Laws of and date authorized to trans                                                                                                                                                 | sect business/conduct its affairs) 2022                            |
| (Incorporated Under Laws of and date authorized to trans This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduc            | affairs within the State of Florida and hereby affairs in Florida. |
| This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F | ss based on a cause of action arising during the                   |
| The following is a current mailing address for the corporation:                                                                                                                                          | 7                                                                  |
| 2455 Technology Forest Blvd.                                                                                                                                                                             |                                                                    |
| (Mailing Address)                                                                                                                                                                                        |                                                                    |
| The Woodlands, TX 77381                                                                                                                                                                                  |                                                                    |
| (City/ State /Zip)                                                                                                                                                                                       |                                                                    |
| The corporation agrees to notify the Department of State in the fu                                                                                                                                       | sture of any change in its mailing address.                        |
| Dou3Patout                                                                                                                                                                                               | 10/35/2022                                                         |
| (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)                                                              | (Date)                                                             |
| Dora Patout                                                                                                                                                                                              | Assistant Secretary                                                |
| (Typed or printed name of person signing)                                                                                                                                                                | (Title of person signing)                                          |

FILING FEE \$35