F14000000989

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000393323580

09/13/22

SECRETARY OF STATE CORPORATION OF CORPORATION

J DENNIS

COVER LETTER

TO:	Amendment Section Division of Corporations				
C1 115 11	Summit Assembly, Incorporated				
SUBJECT: Summit Assembly, incorporated (Name of Corporation)					
DOCU	MENT NUMBER:				
The en	elosed withdrawal application and	fee are submitted for filir	ığ.		
Please	return all correspondence concerning	g this matter to the follow	ing:		
	Liz Lewis				
		(Name of Person)			
	Summit Integrated Systems				
	(Firm/Company) 697 S Pierce Ave (Address)				
	Louisville, CO 80027				
		City/State and Zip code)	· · · · · · · · · · · · · · · · · · ·		
Doe for	rther information concerning this ma	tter inlease call:			
Liz Lev		at ()	5252		
	(Name of Person)	at () (Area Code	& Daytime Telephone Number)		
Enclos	sed is a check for the amount:				
≡ \$3:	5 Filing Fee	Certified Copy	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Street Address: Amendment Sec Division of Cor The Centre of T 2415 N. Monro Tallahasson, FL	porations allahassee e Street, Suite 810		

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

	Summit Assembly, Incorporated			
	(Name of Corporation)			
	F14000000989			
	(Document Number of Corporation	(if known)		
	Colorado 8/11/1999			
	(Incorporated Under Laws of and date authorized to transa-	et business/conduct its affairs)		
This cor voluntar	rporation is no longer transacting business or conducting a rily surrenders its authority to transact business or conduct	affairs within the State of Florida and hereby affairs in Florida.		
appoints	rporation revokes the authority of its registered agent in s the Department of State as its agent for service of process was authorized to transact business or conduct affairs in Flo	based on a cause of action arising during the		
The foll	owing is a current mailing address for the corporation:			
	697 S Pierce Ave			
	(Mailing Address)			
	Louisville, CO 80027			
	(City/ State /Zip)			
The cor	poration agrees to notify the Department of State in the fut	ure of any change in its mailing address.		
		9/13/24		
((Signature of Adirector, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)	(Date)		
	Tyson Wichs (Typed or printed name of person signing)	Owner COO (Title of person signing)		
	(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35