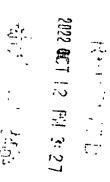
## F140000022389

|                         | (Requestor's Name   | )             |
|-------------------------|---------------------|---------------|
|                         |                     |               |
|                         | (Address)           |               |
|                         |                     |               |
|                         | (Address)           |               |
|                         |                     |               |
|                         | (City/State/Zip/Pho | ne #)         |
|                         |                     |               |
| PICK-UP                 | WAIT                | MAIL          |
|                         |                     |               |
|                         | (Business Entity Na | ame)          |
|                         |                     |               |
|                         | (Document Numbe     | r)            |
|                         |                     |               |
| Certified Copies        | _ Certifica         | tes of Status |
|                         |                     |               |
| Special Instructions to | Filing Officer      |               |
| Special instructions to | or ling Officer.    |               |
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|                         |                     |               |
|                         |                     |               |

Office Use Only



200395777372



C/10/13/2022

CORPORATION SERVICE COMPANY FILE 1ST

Tallahassee, FL 32301 Phone: 850-558-1500

|                                    | ACCOUNT NO.                           | : 12000000  | 00195   |  |
|------------------------------------|---------------------------------------|-------------|---------|--|
|                                    | REFERENCE                             |             | 7695048 |  |
|                                    | AUTHORIZATION                         | : Squellet  | eran    |  |
|                                    | COST LIMIT                            | : \$ 35.00  |         |  |
| ORDER DATE : Oc                    | tober 7, 2022                         |             |         |  |
| ORDER TIME : 2                     | :06 PM                                |             |         |  |
| ORDER NO. : 99                     | 5625-005                              |             |         |  |
| CUSTOMER NO:                       | 7695048                               |             |         |  |
| FOREIGN FILINGS                    |                                       |             |         |  |
| NAME :                             | DIESEL DIRECT                         | FLORIDA, IN | IC.     |  |
| XX CORPORATE LIMITED PA LIMITED LI | RTNERSHIP<br>ABILITY COMPANY          |             |         |  |
| XXXX WITHDRAWAL/                   | CANCELLATION                          |             |         |  |
| PLEASE RETURN TH                   | E FOLLOWING AS                        | PROOF OF FI | LING:   |  |
|                                    | D COPY<br>AMPED COPY<br>ATE OF STATUS |             |         |  |

EXAMINER: \_\_\_\_

CONTACT PERSON: Alexxis Weiland - EXT#

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

| Diesel Direct Florida, Inc (Cross Reference Name: Diesel Direc  | t, Inc.) 70<br>222                          |  |
|---|---|--|
| (Name of Corporation  | n)  |  |
|   |   |  |
| F14000002289  | 12  |  |
| (Document Number of Corporatio  | on (if known)                               |  |
|   | Ō   |  |
| Massachusetts/May 23, 2014  | on (if known)                               |  |
| (Incorporated Under Laws of and date authorized to trans  | sact business/conduct its affairs)          |  |
| time it was authorized to transact business or conduct affairs in F  The following is a current mailing address for the corporation:  74 Maple Street | lorida.                                     |  |
| (Mailing Address)   | <del> </del>                                |  |
| Stoughton, MA 02072   |   |  |
| (City/ State /Zip)  |   |  |
| The corporation agrees to notify the Department of State in the fu  | iture of any change in its mailing address. |  |
| (Signature of a firector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)           | (Date)                                      |  |
| Walter McNamara   | Treasurer                                   |  |
| (Typed or printed name of person signing)   | (Title of person signing)                   |  |

**FILING FEE \$35**