F17000002446

(Re	questor's Name)		
(Address)			
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(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

THE WAY S PAY 1. TO

ACCOUNT NO. : I2000000195 REFERENCE : 896117 5012411 AUTHORIZATION : COST LIMIT ORDER DATE: November 2, 2017 ORDER TIME : 9:24 AM ORDER NO. : 896117-005 CUSTOMER NO: 5012411

FOREIGN FILINGS

NAME: FLOWCRETE NORTH AMERICA, INC.

XX CORPORATE	
LIMITED PARTNERSHIP	
LIMITED LIABILITY COM	PANY
XXXX WITHDRAWAL/CANCELLATIO	N
PLEASE RETURN THE FOLLOWING	AC DROOF OF BILLING
PLEASE RETURN THE PULLOWING	AS PROOF OF FILING:
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XX PLAIN STAMPED COPY	
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CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

TO: Amendment Section Division of Corporations	<i>ك</i>
SUBJECT: Flowcrete North America, Inc.	·
	(Name of Corporation)
DOCUMENT NUMBER: F1700	0002446
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concernir matter to the following:	ng this
 	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For further information concerning this ma	ntter, please call:
Alecia Dailide	at ()
(Name of Person) Enclosed is a check for the amount:	at ()(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

Flowcrete North America, Inc.

	(Name of Corporation	•
F17000002446		ws of)
(D	Ocument Number of Corporati	ion (if known)
Texas		$\dot{\omega}$
	(Incorporated Under La	ws of)
This corporation is no longer transact voluntarily surrenders its authority to		ig affairs within the State of Florida and hereby
This corporation revokes the authoriappoints the Department of State as if the time it was authorized to transact	its agent for service of pro	in Florida to accept service on its behalf and ocess based on a cause of action arising during s in Florida.
The following is a current mailing add	dress for the corporation:	
616 Spring Hill Drive, Suite 10	00	
**	(Mailing Address)	
Spring, Texas 77386		
	(City/ State /Zip)	
The corporation agrees to notify the D	Department of State in the	future of any change in its mailing address.
(Signature of a director, president or other court appointed fidue	er officer - if in the hands of a itary, by that fiduciary)	11 2 17 (Ixue)
Tracy D. Crandall		Assistant Secretary
(Typed or printed name of perso	on signing)	(Title of person signing)

FILING FEE \$35