F18000001802

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O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 158462 7907827

AUTHORIZATION

COST LIMIT : V\$\35.00

ORDER DATE : January 30, 2020

ORDER TIME : 11:35 AM

ORDER NO. : 158462-105

CUSTOMER NO: 7907827

FOREIGN FILINGS

NAME: THYSSENKRUPP NORTH AMERICA,

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: Kadesha Roberson - EXT#

EXAMINER:

COVER LETTER

	ndment Section ion of Corporations
SUBJECT:	Application By Foreign
	(Name of Corporation)
DOCUME	T NUMBER: F18000001802
The enclose	withdrawal application and fee are submitted for filing.
Please return	all correspondence concerning this matter to the following:
ЛL	L H. KARANA
	(Name of Person)
	(Firm/Company)
111	W. Jackson Blvd., Ste. 2400
	(Address)
Ch	cago, IL 60604
<u></u>	(City/State and Zip code)
For further i	formation concerning this matter, please call:
JILL H. KAR	at () 525-2782
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	check for the amount:
= \$35 Filin	Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified (Additional copy is Enclosed)
Ame Divis P.O.	Street Address: Amendment Section Amendment Section Division of Corporations Box 6327 The Centre of Tallahassee Plassee, FL 32314 Tallahassee, FL 32303

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

THYSSENKRUPP NORTH AMERICA, LLC			202		
		(Name of Corporation)		O FEB	,
	F18000001802			9	į
	(Documer	nt Number of Corporation (if known)	7.7	<u> </u>	1
	DELAWARE	MARCH 12, 1982		9: 27	į
	(Incorporated Under Laws of and	date authorized to transact business/conduct its affairs)			
This co appoint time it v	rporation revokes the authority of i				
		(Mailing Address)			
	CHICAGO, IL 60604				
		(City/ State /Zip)			
	poration agrees to notify the Department of a director, president or other officer receiver or other court appointed fiduciary, by the	reif in the hands of a (Date)	iiling add	ress.	
	JILL H. KARANA	ASSISTANT SECRETAR	ĽΥ		

FILING FEE \$35

(Title of person signing)

(Typed or printed name of person signing)