

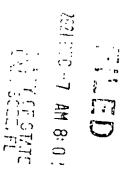
(Requestor's Name)					
(Address)					
(. •					
(Address)					
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
<u> </u>					





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Y SULKER DEC 0 8 2021



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

XX CORPORATE

	ACCOUNT NO. : 12000000195					
	REFERENCE : 274717 72022	64				
	AUTHORIZATION :					
	COST LIMIT : \$ 43.75	ノ				
ORDER DATE :	December 1, 2021					
ORDER TIME :	9:31 AM					
ORDER NO. :	274717-025					
CUSTOMER NO:	7202264					
		-				
FOREIGN FILINGS						
NAME: R.M. LUCAS CO.						

LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Eyliena Baker - EXT# EXAMINER:

COVER LETTER

10:	Division of Corporations	
SURI	JECT: R.M. LUCAS CO.	
		Name of Corporation)
DOC	CUMENT NUMBER:	
The er	enclosed withdrawal application and fee	are submitted for filing.
Please	e return all correspondence concerning th	is matter to the following:
	CHARLES SMITH	
	G	Name of Person)
	MINTZ, LEVIN	
	(Firm/Company)
	666 THIRD AVENUE	
		(Address)
	NEW YORK, NY 10017	
	(City	/State and Zip code)
For fu	urther information concerning this matter.	please call:
CHAR	RLES SMITH	at (212) 692-6797(Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclos	osed is a check for the amount:	
□ \$35	Certificate of Status (\$43.75 Filing Fee & \$\Bigsquare \\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) Enclosed)
	Mailing 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

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

(Name of Corporation)

R.M. LUCAS CO.

F21000006087

	(Document Number of Corporation (it known)					
	DELAWARE	10/21/2021				
	(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)					
This cor voluntar	poration is no lily surrenders i	onger transacting busine ts authority to transact bu	ess or conducting a usiness or conduct a	ffairs within the Stat affairs in Florida.	e of Florida and hereb	
appoints	the Departmer	es the authority of its ro it of State as its agent for o transact business or con	service of process	based on a cause of a	ervice on its behalf ar action arising during th	
The follo	owing is a curre	ent mailing address for th	e corporation:			
	160 FEDERAL	STREET, FL 23				
		(Mailing Address)			
	BOSTON, MA	v 02110			7021 E	
			(City/ State /Zip)			
<u>/</u>	Blands	to notify the Department	the bands of a	re of any change in i	its mailing address.	
	BRANDON APPI	· · —	uciary)	TREASURER		
	(Typed or pri	nted name of person signing)		(Title of po	erson signing)	

FILING FEE \$35