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## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJE	CT: Koppl Pipeline Services, Inc.	
SOBOL	O11	(Name of Corporation)
DOCU	MENT NUMBER: F23000003934	
The enc	losed withdrawal application and	d fee are submitted for filing.
Please r	eturn all correspondence concerni	ng this matter to the following:
		(Name of Person)
		(Firm/Company)
		(Address)
		(City/State and Zip code)
For furtl	her information concerning this m	atter, please call:
Riki McC		at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclose	d is a check for the amount:	
□ \$35 I		&      \$\subseteq\$ \$\\$\\$ \$\\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$\\$\$ \$
I	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, 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

Koppl Pipeline Services.	, Inc.
(Name of Corporation	n)
F23000003934	
(Document Number of Corporation	on (if known)
California	
(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce time it was authorized to transact business or conduct affairs in F. The following is a current mailing address for the corporation:	in Florida to accept service on its behalf and ss based on a cause of action arising during the
1228 DATE STREE	Т
(Mailing Address)	
MONTEBELLO, CA 9	0640
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	uture of any change in its mailing address.
William Dekosa	December 5, 2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
William DeRosa	Chief Financial Officer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35