

F24 000000 415S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

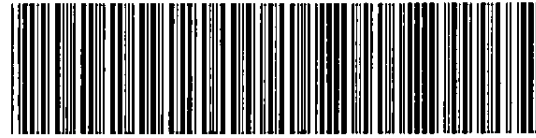
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
MAR 11 2025

Office Use Only



500445616735

FILED  
2025 MAR -7 AM 8:18  
RECEIVED  
2025 MAR -7 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations  
From: Amanda Miller  
Ext: x62969  
Date: 03/07/25  
Order #: 1859695-1  
Re: Stardust Power Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
I20000000195

Please take the following action:

File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the text "Issue Proof of Filing".

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stardust Power Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F24000004758

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anupam Agarwal

\_\_\_\_\_  
(Name of Person)

Stardust Power Inc.

\_\_\_\_\_  
(Firm/Company)

9112 N Kelley Ave STE C

\_\_\_\_\_  
(Address)

Oklahoma City, OK 73131

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Anupam Agarwal

at (405) 896 7917

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (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  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303