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TRANSMITTAL LETTER

TO: Registration Division of	Section Corporations		•
SUBJECT: 7	PIMS INTER	ENATIONAL, LL Limited Liability Company)	<i>,</i>
The enclosed Articles	s of Dissolution and fee(s) are sub	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	LEE WO	NT Po SK/ (Name of Person)	·
MA	1420- MINT	(Firm/Company)	3.35.
14	MAIN G		
Ł		y/State and Zip Code)	840
For further information	on concerning this matter, please	call:	
LEE	(Name of Person)	at (90) 979 (Area Code & Daytime	- 0 800 X 247 Telephone Number)
P. I. Vistal I.C.	the CH of a server of	-	TALLAN Biling Fee
Enclosed is a check for		There on the control of	5
5 \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	Certificate of Status & Certificate Copy (additional copy is effectived)
			1: 56 LORI
STREET ADDRESS:		MAILING ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

TRIMS, INTERNATIONAL, LLC

(ivame of finited flability company)
NEW JERSEY (Jurisdiction of its organization)
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
144 MAIN 57- (Mailing address)
HACKETTS TO WN NJ 078/20 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change n its mailing address.
Lee Water
Signature of member or authorized representative of a member) LEE WONT MSM Typed or printed name of signee)
Typed or printed name of signee) SSE 26 TO BE 100 REPLACEMENT OF THE STATE OF TH

Filing Fee: \$25.00