

m02000000301

(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:

Name
[Signature]

Title
[Signature]

DCC

Signature

Office Use Only

Signature

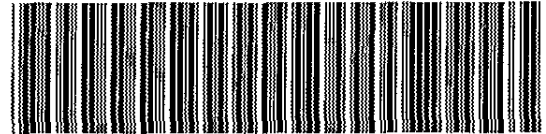
DCC

Signature

DCC

W. P. Verifier

DCC



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11/08/02--01071--014 **25.00

RECEIVED
02 NOV -8 AM 11:21
DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA

FILED
02 NOV -8 PM 1:20
SECTION 601
TALLAHASSEE, FLORIDA

CT CORPORATION

November 8, 2002

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 5707810 SO
Customer Reference 1: n/a
Customer Reference 2: n/a

Dear Secretary of State, Florida:

Please file the attached:

A. J. Gerrard LLC (DE)
Cancellation
Florida

FILED
02 NOV -8 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Melanie S Strickland
Fulfillment Specialist
Melanie_Strickland@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

A. J. Gerrard LLC

(Name of limited liability company)

Delaware

(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.

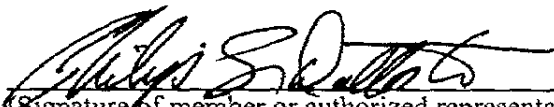
3600 West Lake Avenue

(Mailing address)

Glenview, IL 60025

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Philip S. Dallosto, Assistant Secretary
Illinois Tool Works Inc., Member

(Typed or printed name of signee)

Filing Fee: \$25.00