

MO3000003206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

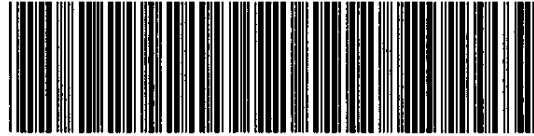
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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08/03/07--01035--012 **35.00

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2007 AUG 29 P 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2007

JANEEN HICKS
808 E. MAIN ST.
LAKELAND, FL 33801

SUBJECT: KEMIRON EQUIPMENT, LLC
Ref. Number: M03000003206

We have received your document for KEMIRON EQUIPMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 607A00049118

2007 AUG 27 P 2 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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August 23, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Application by Foreign LLC for Withdrawal of Authority – Kemiron Equipment, LLC

Dear Florida Department of State:

Please find enclosed the following documents for resubmission under File Number M03000003206

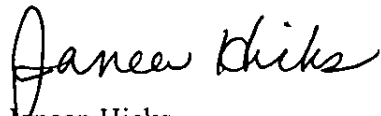
- Rejection of Filing Letter: 607A00049118
- Kemiron Equipment, LLC - Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida.

It is our understanding that you still hold our check in the amount of \$35. However, the fee for filing an application for an LLC is \$25. Therefore, we request that you forward our refund in the amount of \$10 to:

Kemira Water Solutions, Inc.
Attn: Janeen Hicks
808 E. Main St.
Lakeland, FL 33801

If you have any questions please feel free to contact me at 863-578-1657.

Thank you,



Janeen Hicks
Executive Administrator

Enclosure(s): 2

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kemiron Equipment, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janeen Hicks
(Name of Person)

Kemira Water Solutions, Inc.
(Firm/Company)

808 E. Main St.
(Address)

Lakeland, FL 33801
(City/State and Zip Code)

For further information concerning this matter, please call:

Janeen Hicks at (863) 533-5990
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Kemiron Equipment, 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.

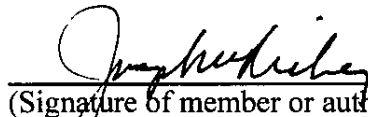
808 E. Main St.

(Mailing address)

Lakeland, FL 33801

(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)

Joseph Richey

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00