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	RECEIVED	13 JAN -8 PM 5: 00	SECRETARY OF STATE TALLAHASSEE, FLORIDA	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368 LLC DISSOLUTION OR WITHDRAWAL INTERNATIONAL COMFORT PRODUCTS, LLC Certificate of Status 0 Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00	2013 JAN -8 AM & 40 SCUDEDARY OF STATE IALLAHASSLESFU ORIDA	FILED
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INTERNATIONAL COMFORT PRODUCTS, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Diane Prosser

(Name of Person)

INTERNATIONAL COMFORT PRODUCTS, LLC

(Firm/Company)

7310 West Morris Street

(Address)

Indianapolis, IN 46231

(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Prosser

(Name of Parson)

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 Tallahasses, Florida 32314

481-5743

(Arca Code & Daytims Telephone Number)

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$30 Filing Fee & Certificate of Status

S Cortified Copy

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\$60 Filing Fee, Certificate of Status & Certified Copy

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

INTERNATIONAL COMPORT PRODUCTS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M03000003793

(Florida Document Number)

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.

One Carrier Place

(Mailing address)

Farmington, CT 06034

(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)

Diane Prosser, Assistant Secretary

(Typed or printed name of signee)



Filing Fee: \$25.00