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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	≥ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
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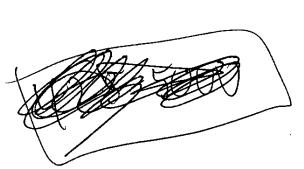
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B. KOHR

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EXAMINER

COVER LETTER

TO:

то:		stration Section sion of Corporations	
SUBJE	СТ: _	In-Pipe Technology Company, L.L.C.	
		(Name of Foreign Limited Liab	ility Company)
Dear Sir	r or Ma	adam:	1
The enc	losed v	withdrawal and fee(s) are submitted for filing.	
Please r	eturn a	all correspondence concerning this matter to the follo	owing:
Susan	Lally	<u></u>	<u>. </u>
		(Name of Person)	
In-Pip	e Te	echnology Company, Inc.	
		(
100 B	Bridge	e Street	
		(Address)	1
Whea	aton,	Illinois 60187	
		(City/State and Zip Code)	
For furt	her inf	formation concerning this matter, please call:	
Jasor	n Mad	catangay at (630	, 871.5844
			ode & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		stration Section sion of Corporations on Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclose	ed is a	check for the following amount:	
\$25 1	Filing I	Fee \$30 Filing Fee & S55 Filing Fee Certificate of Status Certified Cop	

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

In-Pipe	Technology Company, L.L.C. (Name of limited liability company)
	Technology Company, L.L.C. (Name of limited liability company)
Illinois	
	(Jurisdiction of its organization)
M040000	01175
	(Florida Document Number)
This lim authority	ited liability company is no longer transacting business in Florida and surrenders its to transact business in this state.
This lim its behal cause of	ited liability company revokes the authority of its registered agent to accept service on f and appoints the Department of State as its agent for service of process based on a action arising during the time it was authorized to transact business in Florida.
	100 Bridge Street
	(Mailing address)
	Wheaton, Illinois 60187
	(City/State/Zip)
The limit change is	ited liability company agrees to notify the Department of State in the future of any notify mailing address.
1_	- leh Wh-
(Signatu	re of member or authorized representative of a member)
Fran	cis John Williams - President & CRO
	or printed name of signee)

Filing Fee: \$25.00

(Typed or printed name of signee)