Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000225793 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number: 120160000017 Phone : (800)345-4647

: (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL

AIR LIQUIDE IC GP LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

## **COVER LETTER**

TO:			Section Corporations		_	
		Air Liquide IC GP LLC				
SUBJE	ect: [	(Name of Foreign Limited Liability Company)				
Dear Si	ir or M	Iadam:				
The ene	closed	withdra	awal and fee(s) are submitt	ed for filing.		
Please	rcturn	all con	espondence concerning thi	s matter to the following:		
			(New Character)			
			(Name of Person)			
Capit	tol Se	ervice	s – Corporate Filing (Firm/Company)	gs Team		
206 E	<u>∃ 9th</u>	St, S	te 1300 (Address)			
<u>Austi</u>	n TX	7870	(City/State and Zip Co	ode)		
For fur	ther in	formati	on concerning this matter,	please call:		
				at ( 800 ·	345-4647	
		(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
	Reg Divi Clift 266	istration ision of ton Bui 1 Execu	COURIER ADDRESS: 1 Section Corporations Iding tive Center Circle 5, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclos	sed is a	a check	for the following amoun	t:		
<u></u> \$25	Filing	Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Air Liquide IC GP LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
8/17/2004		
(Date registered with Florida Department of State)		
M04000000334;		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this s	state.	
Indrew R. Colm Q.	<del></del> -	
(Signature of authorized representative)		
Andrew R. Cichocki		
(Typed or printed name of signee)	SSEE 1	2517 VIIC 23 VA d:

Filing Fee: \$25.40