

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6283

From: Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000003
Phone : (512) 418-6646
Fax Number : (954) 208-0645

LLC DISSOLUTION OR WITHDRAWAL
WORKHORSE CUSTOM CHASSIS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Workhorse Custom Chassis, 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:

Charmaine Black

(Name of Person)

Workhorse Custom Chassis, LLC

(Firm/Company)

2701 Navistar Drive

(Address)

Lisle, IL 60532

(City/State and Zip Code)

For further information concerning this matter, please call:

Charmaine Black

(Name of Person)

331

at (Area Code & Daytime Telephone Number)

332-2169

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2681 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Workhorse Custom Chassis, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

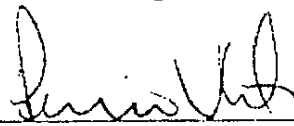
4/4/2005

(Date registered with Florida Department of State)

5105000001744

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Persio V. Lisboa

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00