

MO7000000878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

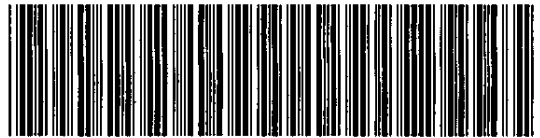
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/08--01021--002 **25.00

FILED
08 OCT -6 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/7/08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOURCE-SCN SERVICES, 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:

MARIE ROSE WILLIS
(Name of Person)

SOURCE-SCN SERVICES, LLC
(Firm/Company)

27500 RIVERVIEW CENTER BLVD.
(Address)

BONITA SPRINGS, FL 34134
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIE ROSE WILLIS at (239) 949-4450 X6975
(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

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

SOURCE-SCN SERVICES, LLC

07000000878

(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.

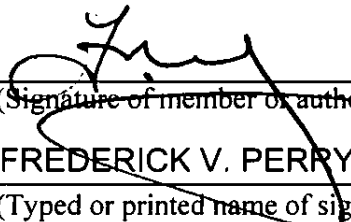
27500 RIVERVIEW CENTER BLVD.

(Mailing address)

BONITA SPRINGS, FL 34134

(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)

FREDERICK V. PERRY, ASST. SECRETARY

(Typed or printed name of signee)

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08 OCT -6 PM 4:10
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"SOURCE-SCN SERVICES, LLC", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "SOURCE INTERLINK DISTRIBUTION, LLC" UNDER THE NAME OF "SOURCE INTERLINK DISTRIBUTION, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWELFTH DAY OF SEPTEMBER, A.D. 2008, AT 11:54 O'CLOCK A.M.

FILED
08 OCT -6 PM 4:10
SECRETARY OF STATE
DELAWARE

3118642 8100M

080949042

You may verify this certificate online
at corp.delaware.gov/authver.shtml



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6847385

DATE: 09-12-08

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:59 AM 09/12/2008
FILED 11:54 AM 09/12/2008
SRV 080949042 - 3118642 FILE

**STATE OF DELAWARE
CERTIFICATE OF MERGER OF
DOMESTIC LIMITED LIABILITY COMPANIES**

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Act, the undersigned limited liability company executed the following Certificate of Merger:

FIRST: The name of the surviving limited liability company is _____
Source Interlink Distribution, LLC

and the name of the limited liability company being merged into this surviving limited liability company is Source-SCN Services, LLC

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent limited liability companies.

THIRD: The name of the surviving limited liability company is _____
Source Interlink Distribution, LLC

FOURTH: The merger is to become effective on September 12, 2008

FIFTH: The Agreement of Merger is on file at _____
27500 Riverview Center Blvd, Bonita Springs, Florida 34134

the place of business of the surviving limited liability company.

SIXTH: A copy of the Agreement of Merger will be furnished by the surviving limited liability company on request, without cost, to any member of the constituent limited liability companies.

IN WITNESS WHEREOF, said surviving limited liability company has caused this certificate to be signed by an authorized person, the 12th day of September, A.D., 2008.

By: _____
Authorized Person

Name: Frederick V. Perry
Print or Type

Title: Assistant Secretary of management

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08 OCT - 6 PM 4:10
SECRETARY OF STATE
DELAWARE