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C. LEWIS MAR 1 4 2013 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCHNELLER LLC (Name of Foreign Limited Liability Company)
(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:
RONALD CROCK (Name of Person)
SCHWELLER LLC (Firm/Company)
(Firm/Company)
6019 POWDERMILL RD
(Address)
RENT, OH. 44240 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
RONALD CROCK at (330) 676-7162 (Name of Person) (Area Code & Daytime Telephone Number)
(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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee \$\

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

SCHNELLER LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
M07000003941
(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.
6019 POWDERMILL ROAD (Mailing address)
(Mailing address)
KENT, OH10 44240 (City/State/Zip)
(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)
ROWALD CROCK
(Typed or printed name of signee)

SLORE FARY OF STATE
JIVISION OF CORFORATION

Filing Fee: \$25.00