M01000001408

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special historichs to Filling Officer. |
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Office Use Only



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RECEIVED
RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : WD-9009 | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| ORDER DATE : 09/18/2024 | | | | | | |
| ORDER TIME : | | | | | | |
| ORDER NO. : | | | | | | |
| CUSTOMER NO: | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: Engineered Additives, L.L.C. | | | | | | |
| CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | | | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF STATUS | | | | | | |
| CONTACT PERSON: | | | | | | |

EXAMINER:

COVER LETTER

| TO: | Registratio Division of | n Section f Corporations | | |
|--------------|----------------------------|---|--------------------------------------|--|
| | Engine | eered Additives, L.L.C. | | |
| SUBJE | ECT: | (Name of Fore | ign Limited Liability | Company) |
| Dear S | ir or Madam | ; | | |
| The en | closed withd | rawal and fee(s) are submitted | for filing. | |
| Please | return all co | rrespondence concerning this r | natter to the following | 3: |
| Allen | Smith | | | |
| | | (Name of Person) | - | - |
| Engine | eered Additiv | ves, L.L.C. | | |
| | | (Firm/Company) | | - |
| 1200 | Homeville F | Road | | |
| | | (Address) | | _ |
| Coch | ranville, PA | 19330 | | |
| | | (City/State and Zip Code | :) | _ |
| For fu | rther informa | ation concerning this matter, p | lease call: | |
| Allen | Smith | | 973 at (| 216-3560 |
| | (| Name of Person) | (Area Code & | & Daytime Telephone Number) |
| | Division P.O. Bo | ition Section n of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclo | sed is a chec | ck for the following amount: | | |
| ≣\$ 2 | 5 Filing Fee | ☐ S30 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

| Engineered Additives, L.L.C. | |
|---|------------|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| December 20, 2007 | |
| (Date registered with Florida Department of State) | |
| M07000007408 | |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| 40/04/04 | ional) |
| (If an effective date is listed, the date must be specific and cannot be prior to date of the | ng or |
| more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requ | iirements |
| this date will not be listed as the document's effective date on the Department of State's | s records. |
| | |
| Amon Dan | |
| (Signature of authorized representative) | |
| Allen E Smith | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00

CSC WD-9009