



**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.**

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

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17 JAN 31 AM 11:41  
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TALLAHASSEE, FLORIDA

**LLC DISSOLUTION OR WITHDRAWAL  
AIR LIQUIDE AMERICA SPECIALTY GASES LLC**

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

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D. SCOTT

FEB 1 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:**

Air Liquide America Specialty Gases, 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:

\_\_\_\_\_  
(Name of Person)

Capital Services – Corporate Filings Team

(Firm/Company)

206 E 9th St, Ste 1300

(Address)

Austin TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Sharpley

(Name of Person)

800-662-0171

at (\_\_\_\_\_  
(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 &  
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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Air Liquide America Specialty Gases LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

06/04/2008

(Date registered with Florida Department of State)

MO8000002618

(Florida Document Number)

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



(Signature of authorized representative)

Kevin Feeney

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00