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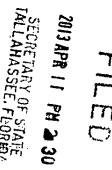
(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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ATTORNEYS AT LAW

tdoyle@smgglaw.com

Strassburger McKenna Gutnick & Gefsky

Four Gateway Center Suite 2200 444 Liberty Avenue Pittsburgh, PA 15222

412-281-5423 phone 412-281-8264 fax

www.smgglaw.com

April 5, 2013

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: KIT SOULUTIONS, LLC

Dear Sir or Madam:

Per my conversation with your office, enclosed find an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida and a check for \$55.00 made payable to Florida Department of State for the filing fee. I have also enclosed an additional copy of the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida, if you could time-stamp this and returned it to me in the enclosed self-addressed stamped envelope for my file. Please contact this office if any further documentation is needed to complete the process of cancellation.

If nothing further is required, upon cancellation please forward any documentation to KIT SOLUTIONS at 5700 Corporate Drive, Suite 530 Pittsburgh, PA 15237.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Sealeyaly'M Od Tealizalynn Doyle

Paralegal for David L. Pollack

/td

Enclosure

380062

ITTSBURGH • GREENSBURG • BEAVER

COVER LETTER

TO:

Registration Section

Division of 0	Corporations			
SUBJECT: KIT	SOLUTIONS, LLC (Name of For	eign Limited Liability (Company)	<u></u>
Dear Sir or Madam:				
The enclosed withdra	wal and fee(s) are submitted	d for filing.		
Please return all corre	espondence concerning this	matter to the following:	:	
Xiaoyan Zh				
	(Name of Person)			
KIT SOLUTI	(Firm/Company)			2013 APR SECRETI TALLAHA
5700 Corpo	orate Drive; Suite (Address)	530		I3 APR II PH 2030 ECRETARY OF STATE LLAHASSEEL FLORIG
Pittsburgh	(City/State and Zip Cod	e)		3 38
For further information	on concerning this matter, p	lease call:		
Attorney David	d L. Pollack	at (412	281-5423	
Strassburger M. Four Gateway C. STREET/C Registration Division of Clifton Built 2661 Execut Tallahassee,	OURIER ADDRESS: Section Corporations ding ive Center Circle Florida 32301	(Area Code & Gefsky 444 Liberty Ave MAII Regist Division P.O. E	Daytime Telephone Number) enue, Pittsburgh PA ING ADDRESS: ration Section on of Corporations sox 6327 assee, Florida 32314	15222
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

KIT SOLUTIONS, LLC
(Name of limited liability company)
Pennsylvania
(Jurisdiction of its organization)
M0900003413
(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.
5700 Corporate Drive, Suite 530
(Mailing address) Pittsburgh, PA 15237
Pittsburgh, PA 15237 (City/State/Zip) (City/State/Zip)
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of the state in the state in the future of the state in th
Decorran Lloud
(Signature of member or authorized representative of a member)
Xiaoyan Zhang (Timed or minted name of signes)
(Typed or printed name of signee)

Filing Fee: \$25.00

COVER LETTER

TO:

TO: Registration Division of	Section Corporations			
SUBJECT: <u>KIT</u>	SOLUTIONS, LLC			
	(Name of Poi	eign Limited Liability C	Company)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitte	d for filing.		
Please return all corre	espondence concerning this	matter to the following:		SECRE
Xiaoyan Zi	hang			HAS
	(Name of Person)			SEC
				0F 8
				22
KIT SOLUT	(Firm/Company)	<u> </u>		- ĕrii
	(Address)			
	(City/State and Zip Cod	c)		
For further information Attorney Davi	on concerning this matter, p	lease call:	v 281–5423	
	me of Person)		Daytime Telephone Number)	
Four Gateway C STREET/C	OURIER ADDRESS:	444 Liberty Ave	nue, Pittsburgh PA ING ADDRESS:	15222
Registration Section		Registration Section		
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
2661 Execu	tive Center Circle , Florida 32301		assee, 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	