

M09000003939

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL  
USO NORGE DP, LLC

Certificate of Status	1
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2017 DEC 26 AM 9:33  
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STATE DEPT OF STATE  
FALL AHS SEC FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USO NORGE DP, 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:

Lourdes Pomares

(Name of Person)

Stairs Dillenbeck Finley

(Firm/Company)

200 Park Avenue South, Suite 511

(Address)

New York, NY 10003

(City/State and Zip Code)

For further information concerning this matter, please call:

Lourdes Pomares

(Name of Person)

212

at (

697-2700, ext. 6

) (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

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

USO NORGE DP, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

October 5, 2009

(Date registered with Florida Department of State)

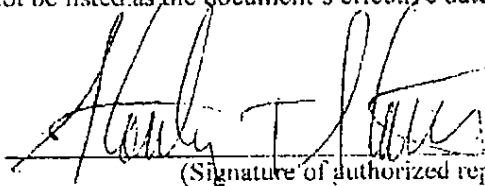
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(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

STANLEY T. STAIRS

(Typed or printed name of signer)

17 DEC 26 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**