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COVER LETTER

TO: Registratio	n Section Corporations			
SUBJECT: Wello	eraft, LLC	reign Limited Liability (Company)	. 1
	(Name of Fo	reign Linned Liability (Company)	
Dear Sir or Madam:				7
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the following	:	
C-11 A 3VJ				
Sally A. Ward	(N CD)			
	(Name of Person)			
Platinum Equity				
	(Firm/Company)			
		·		
260 N. Crossont Dr.	Couth Duilding			
360 N. Crescent Dr.	(Address)			
	(Addiess)			
Beverly Hills, CA 9	0210			
	(City/State and Zip Coo	le)		
For further informat	ion concerning this matter, p	olease call:		
	,			
Diana Rado		at (310	228-9712	
(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	Registration Section Registration Section			
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301		1 allalla	355CC, Piolida 52514	
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	■ \$30 Filing Fee &	☐ \$55 Filing Fee &	■ \$60 Filing Fee,	
	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	

AFP, ICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

	స్త్రీ కార్యాల్లో కార్డ్ కార్
Ranger Sett,	uc ·
Kango 192 ta, 1	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
M100000 2138	
- Files	(Florida Document Number)
This lin authority	iability company is no longer transacting business in Florida and surrenders its vansact business in this state.
This limits behal cause of	liability company revokes the authority of its registered agent to accept service on a appoints the Department of State as its agent for service of process based on a narising during the time it was authorized to transact business in Florida.
	Platinum Equity 360 N. Crescent Dr. South Building (Mailing address)
,	verly Hills, CA 90210
\:\	(City/State/Zip)
The limit change in	ability company agrees to notify the Department of State in the future of any nations address.
401	allysed
(Signature	hember of authorized representative of a member)
Eva M. Kala	Manager
(Typed or	ed name of signee)

Filing Fee: \$25.00