

M10000003300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 JAN 23 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 25 2012  
EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ATI Interim Operating, 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:

Vickie L. Bennett  
(Name of Person)

Automotive Technologies, Inc.  
(Firm/Company)

34 Industrial Park Place  
(Address)

Middletown, CT 06457-1590  
(City/State and Zip Code)

For further information concerning this matter, please call:

Vickie L. Bennett at (860) 632-9494 X1781  
(Name of Person) (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:**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

FILED  
12 JAN 23 AM 11:22  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

ATI Interim Operating, LLC

(Name of limited liability company)

Connecticut

(Jurisdiction of its organization)

M10000003300

(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.

34 Industrial Park Place

(Mailing address)

Middletown, CT 06457-1590

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

(Signature of member or authorized representative of a member)

Susan E. Suhr, Administrative Manager

(Typed or printed name of signee)

**FILED**  
12 JAN 28 AM 11:22  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**