## MOCCOST28

(Requestor's Name)	
(Address)	
(Address)	
(risaless)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

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TENERS OF STATE

alulans

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

XX PLAIN STAMPED COPY

\_ CERTIFICATE OF STATUS

CONTACT PERSON: Emily Croft - EXT# 62925

Phone: 850-558-1500

ACCOU	NT NO.	: 120000001	95		
REF	ERENCE		4706482		
AUTHORI	ZATION	Spell de	man		
COST	LIMIT				
ORDER DATE : September	10, 201	.8			
ORDER TIME : 3:42 PM					
ORDER NO. : 380032-00	5				
CUSTOMER NO: 470648	2			2 <b>3</b>	
	REIGN FI	LINGS	· · · · · · · · · · · · · · · · · · ·	10 A	- <del>"</del>
NAME: LATIN	AMERICAN	POLMERS, LLC			•
CORPORATE LIMITED PARTNERSH XXX LIMITED LIABILITY		-			
XXXX WITHDRAWAL/CANCELL	ATION				
PLEASE RETURN THE FOLLO	WING AS	PROOF OF FILI	NG:		
CERTIFIED COPY					

EXAMINER:

## **COVER LETTER**

TO: Registration Division of SUBJECT:	Section Corporations  ANN AM  (Name of Fo	MAN reign Limited Liabili	POLYMURS L	LC
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	espondence concerning this	s matter to the follow	ing:	
DARCE	(Name of Person)	, ~ 54		
LATIN	(Firm/Company)	w Pary	MORS	
726 So CHESI	(City/State and Zip Coo	06410	<u>-</u> <u>^)</u>	
For further informati	on concerning this matter, p	olease call:	:	25. 10 25. 10
DARLEN	IES TOKNER  ame of Person)	at (202 (Area Cod	C. LLG - LIIL e & Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	Re Div P.C	AHLING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	r
Enclosed is a check	for the following amount:			
☐ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	Certified Copy	© \$60 Filing Fee, Certificate of Status &	

Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LATIN AMERICAN POLYMENS (Name of limited liability company)	LLC
(Name of limited liability company)	
DELAWARE (Jurisdiction of its organization)	
(Jurisdiction of its organization)	-
8 / 23 / 20/ ひ (Date registered with Florida Department of State)	
(Date registered with Florida Department of State)	
M10000003728	
M 1 0 00000 3728 (Florida Document Number)	
·	
This limited liability company is withdrawing its certificate of authority i	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	ir to date of filing or
nore than 90 days after filing.)	
Note: If the date inserted in this block does not meet the applicable statut	
his date will not be listed as the document's effective date on the Depart	ment of State's records.
$\Lambda$	
	<u> </u>
(Signature of authorized representative)	
	÷ 7.
(Typed or printed name of signee)	~~~ ~~
(Total a minute of a single)	
(Typed of printed name of signe)	- · · · ·
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	المسيا

Filing Fee: \$25.00