

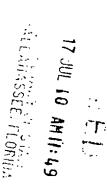
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07/18/47--01079--012 **55.00



COVER LETTER

TO: Registration Secti Division of Corpo	
SUBJECT:	(Name of Foreign Limited Liability Company) (Name of Foreign Limited Liability Company) (Name of Foreign Limited Liability Company)
Dear Sir or Madam:	
The enclosed withdrawal a	nd fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
Ragin	1 Raghuren
OceanLe	ix International LLC
	(Firm/Company)
<u>/338</u> G	unger Circle
hes for	(Addless) $\frac{7 - FC - 33326}{\text{(City/State and Zip Code)}}$
_	ncerning this matter, please call: Application at (908) 770 - 1803 (Area Code & Daytime Telephone Number)
STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, Florid	on Registration Section brations Division of Corporations P.O. Box 6327 enter Circle Tallahassee, Florida 32314
Enclosed is a check for th	e following amount:
	30 Filing Fee & S55 Filing Fee & S60 Filing Fee. Certificate of Status Certified Copy Certificate of Status &

Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OceanLinx International CLC (Name of limited liability company)
(Name of limited liability company)
Registerial in NJ now operating in FC
(Jurisdiction of its organization)
Jan 24 20/2 . (Date registered with Florida Department of State)
(Date registered with Florida Department of State)
M 12 00000442:
(Florida Document Number)
This limited liability commons is suithdrawing its soulfoot, of outhories in this state.
This limited liability company is withdrawing its certificate of authority in this states.
Effective Date, if other than the date of filing: 7/4/7 (optional) 17:
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.
Mylmer
(Signature of authorized representative)
RAGINI RAGHUVEER
(Typed or printed name of signee)

Filing Fee: \$25.00