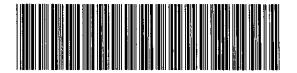
M1200005941

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

Office Use Only



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SECRETARY PER SIGNED



n BRUCE FEB 17 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | |
|--|-------------------|
| REFERENCE : 513853 50122 | 93 |
| AUTHORIZATION Charles Blenda | |
| COST LIMIT : \$-25.00 | |
| ORDER DATE : February 16, 2017 | |
| ORDER TIME : 3:19 PM | 2011 TAL |
| ORDER NO. : 513853-030 | FEB 16 CRETARY |
| CUSTOMER NO: 5012293 | B 16 A |
| FOREIGN FILINGS NAME: ELLIOTT AMQUIP LLC | A 9: 08 |
| MANE: EDDIOIT ANQUIP DEC | |
| CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | |
| XXXX WITHDRAWAL/CANCELLATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | |

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

 $C_{ij} = C_{ij} + \sum_{j=1}^{n} C_{ij} + \sum_{j=1}^{n} C_{ij}$

| Elliott AmQuip LLC | |
|--|---------|
| (Name of limited liability company) | _ |
| Delaware | |
| (Jurisdiction of its organization) | _ |
| 10/23/2012 | |
| (Date registered with Florida Department of State) | |
| M12000005941 | |
| (Florida Document Number) | <u></u> |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| (Signature of authorized representative) DON E. GOEBE (Typed or printed name of signee) TON E. GOEBE (Typed or printed name of signee) | |

Filing Fee: \$25.00