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C.L.
4-16-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OMEGA SPECIALTY PRODUCTS 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:

MATTHEW BELL

(Name of Person)

DOLAN, BELL, MARSELLA CPAS

(Firm/Company)

715 W WHITE HORSE PIKE

(Address)

EGG HARBOR CITY, NJ 08215

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW BELL at 609 804-1200 EXT 5
(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:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

OMEGE SPECIALTY PRODUCTS LLC

(Name of limited liability company)

NEW JERSEY

(Jurisdiction of its organization)

12/17/2012

(Date registered with Florida Department of State)

M12000007041

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Carl Blase

(Typed or printed name of signee)

Filing Fee: \$25.00