

1714 0000 02773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

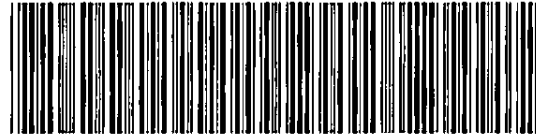
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Certified Copies _____

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CD
2024 MAR -6 AM 11:35
CLERK OF STATE
TUSSE, FL

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2024 MAR -6 AM 11:35
CLERK OF STATE
TUSSE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 03/06/24
Order #: 1443721-2
Re: Palm Labs Adhesives LLC
Processing Method: Routine

2024-03-06 AM 11:36
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal
Application for Certificate of Authority
Amount to be deducted from our State Account: \$35.00 - FL State Account Number:
120000000195
AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Labs Adhesives 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:

Lane R. Moyer, Esq.

(Name of Person)

Vedder Price P.C.

(Firm/Company)

222 N. LaSalle Street, Suite 2600

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Lane R. Moyer

(Name of Person)

312

at (_____) _____

(Area Code & Daytime Telephone Number)

609-7586

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Palm Labs Adhesives LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

June 2, 2014

(Date registered with Florida Department of State)

M14000003776

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority 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 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.


(Signature of authorized representative)

Roger A. Szafranski

(Typed or printed name of signee)

2014 MAR -6 AM 11:36
CLERK OF STATE
TALLAHASSEE, FL
FILED

Filing Fee: \$25.00