Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (350)222-1092

: (850) 878-5368 William Nati Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UCI CONSTRUCTION SERVICES OF FLORIDA, LLC

> Certificate of Status Certified Copy ō Page Count D5 64 Estimated Charge \$25,00

Please File Second After the UCI Construction Services LLC

Name Change.

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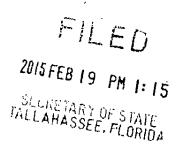
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COVER LETTER

TO:	Registration Se Division of Co	ection orporations				
SUBJ	ECT: UCI Con	struction Services o			····	
DOC	UMENT NUMI	(Nam 3ER: <u>M140000888</u>		niled Liabil	liy Company)	
The e	nclosed Resolut		nanage	us, or othe filing.	er authorized persor	is to Withdraw the Alternat
Please	return all corre	spondence concerning	, this m	atter to the	e following:	
Nikul	Patel					
	(Nar	ne of Contact Person)	_			
Dyke	ma Gossett Pl	.LC				
		(Firm/Company)				
10 S	. Wacker Drive	, Suite 2300				·
		(Address)				
Chic	ago, IL 60606					
	(Ci	ty/State and Zip Code)				
For fi	irther informatio	m concerning this mat	ter, ple	ase call:		
Niku	l Patel		at (3	12	627-2135 (Daytime Telephone	
(Name of Contact Person)			- ``` '7	rea Code)	(Daytime Telephone	Number)
Enclo	sed is a check n	nade payable to the Flo	orida D	epartment	of State for the following	owing amount:
□ \$2	5.00 Filing Fee	530.00 Filing Fee & Certificate of Status	Certified Co		0 Filing Fee & Copy al copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314			Street Address: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

CR2E128 (2/14)

RESOLUTION TO WITHDRAW ALTERNATE NAME IN THE STATE OF FLORIDA PURSUANT TO 605.0906 (1), FLORIDA STATUTES



I, the undersigned, do hereby certify that I am the Author	orized Person of
UCI Construction Services, LLC	, a limited liability
(Name of Limited Liability Compan	
company duly organized and existing under the laws of	Delaware
sompany and organized and oxiding arises into take or	(State or Country of Organization)
Because the name of this foreign limited liability compa Florida Statutes, the limited liability company hereby re alternate name in the state of Florida:	
UCI Construction Services of Florida, LLC	
/ (Alternate Name Renounced it	State of Florida)
light to the	2/20/15
Signature of Authorized Person	Daic

Make check payable to Florida Department of State and mail to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E128 (2/14)