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| (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: | | | | | | | |
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Office Use Only



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16 APR 18 PM 2: 20

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 161119 7549410

AUTHORIZATION : Osmelo

COST LIMIT : \$\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}{2}\frac{4}

ORDER DATE: April 13, 2018

ORDER TIME : 11:36 AM

ORDER NO. : 161119-040

CUSTOMER NO: 7549410

FOREIGN FILINGS

NAME: HAIER AMERICA COMPANY, L.L.C.

___ CORPORATE

____ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

Y PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

2811 APR 1.8 A 10

COVER LETTER

| | | stration sion of C | Section Corporations | | | | | | |
|---------------------------------------|---------------------------------------------|------------------------------------------------------------|---------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------------------------------------------------------------|------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJEC | T։ | Haier America Company, L.L.C. | | | | | | | |
| 502020 | (Name of Foreign Limited Liability Company) | | | | | | | | |
| Dear Sir o | or M | adam: | | | | | | | |
| The enclo | sed | withdray | wal and fee(s) are submitte | ed for filing. | | | | | |
| Please ret | um a | all corre | spondence concerning this | s matter to the follo | owing: | | | | |
| | | | (Name of Person) | | | | | | |
| Corporati | ion S | ervice (| Company | | | | | | |
| | | | (Firm/Company) | | | | | | |
| | | | | | | | | | |
| | | | (Address) | | | | <u>ت</u> | 0.3. | |
| | | | (City/State and Zip Coo | de) | | | 音楽が | 918 APR 18 | COMPANY OF THE PARTY OF THE PAR |
| For furthe | r inf | ormation | n concerning this matter, p | olease call: | | | SSEE | - 8 A | |
| · · · · · · · · · · · · · · · · · · · | ···- | | · · CD | at (|) | | <u>o</u> - | <u> </u> | ٠. |
| | | (Nan | ne of Person) | (Area C | ode & I | Daytime Telephone Num | iber) ; ; | 00 | |
| F I C 2 T | Regis Divis Clifto (661 Falla | stration S ion of C on Build Executi hassee, l | orporations ing ve Center Circle Florida 32301 | 1 1 1 1 | Registra Division P.O. Bo | NG ADDRESS: ation Section to of Corporations ox 6327 ssee, Florida 32314 | | | |
| Enclosed | is a | check fo | or the following amount: | | | | | | |
| □ \$25 Fil | ing l | Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fe Certified Cop | | ☐ \$60 Filing Fee, Certificate of State Certified Copy | us & | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Haier America Company, L.L.C. |
|----------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| 11/16/2015 |
| (Date registered with Florida Department of State) |
| M15000009211 |
| (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: |
| (Signature of authorized representative) |
| |
| (Typed or printed name of signee) |

Filing Fee: \$25.00