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Division of Corporations

Fax Number : (850)617-6383

file date of 10/27/2017

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL SRI CONNECTOR GAGE, LLC

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COVER LETTER

	gistration rision of C	Section Corporations		
SUBJECT:	SRIConnectorGage,LLC			
SOBJECT.	·	(Name of For	eign Limited Liability	Company)
Dear Sir or M	Madam:			
The enclosed	d withdra	wal and fee(s) are submittee	l for tiling.	
Please return	n all corr	espondence concerning this	matter to the following	::
JohnSickle	r			
		(Name of Person)		_
Winchester	Electron	ies		
		(Firm/Company)		-
68WaterSt	reet			
		(Address)		-
Norwalk,C	T06859			
		(City/State and Zip Cod	r)	-
For further i	nformati	on concerning this matter, pl	lease call:	
John Sickle	. 1,		203 at (791-5900
	(Ni	une of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, Florida 32314	
Enclosed is	a check	for the following amount:		
□ \$25 Filin	ig 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

SRIConnectorGage,LLC	,
(Name of limited liability company)	93. 10
DE	
(Jurisdiction of its organization)	7, 23
03/31/2016	流 妄
(Date registered with Florida Department of State)	بي َ
M16000002872	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in t	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 more than 90 days after filing.)	o date of tiling or
Note: If the date inserted in this block does not meet the applicable statutor this date will not be listed as the document's effective date on the Department.	ry filing requirements, ent of State's records.
ah lih	
(Signature of authorized representative)	
JohnSiekler	
(Typed or printed name of signee)	

Filing Fee: \$25.00

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