

m16000006723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

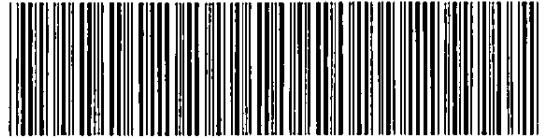
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

missing money order

Office Use Only



100433802021

2024 SEP 13 PM 3:05
CLERK OF SUPERIOR COURT
STATE OF NEW YORK

With drawal

SEP 13 2024

D CUSHING

AMSCOT

The Attorney Superstore

2235671487

Purchaser's Receipt

08/06/24

DATE

Fee: 0.00

AMOUNT

T.C.

\$\$25.00

NO.

2235671487

PAY TO THE ORDER OF

AMSCOT CORPORATION
P.O. BOX 25137
TAMPA, FL 33622-5137

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Trans-Market, 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:

(Name of Person)

Chelsea Garzon
Krones Process Group North America | *Staff Accountant*
3710 Corporex Park Drive Suite 220, Tampa FL 33619 USA
(800) 282-8808 *office*
www.kronesprocessgroupna.com

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(Area Code & Daytime Telephone Number)

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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Trans-Market, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/22/2016

(Date registered with Florida Department of State)

M16000006723

(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.

Chelsea garzon

(Signature of authorized representative)

Chelsea Garzon

(Typed or printed name of signee)

Filing Fee: \$25.00