| (Req                      | uestor's Name)   |              |
|---------------------------|------------------|--------------|
| (Add                      | ress)            |              |
| (Add                      | ress)            | <del> </del> |
| (City                     | /State/Zip/Phon  | e #)         |
| PICK-UP                   | ☐ WAIT           | MAIL         |
| (Bus                      | iness Entity Nar | me)          |
| (Doc                      | ument Number)    | )            |
| Certified Copies          | Certificate      | s of Status  |
| Special Instructions to F | iling Officer    |              |
| •                         |                  |              |
|                           |                  |              |
|                           |                  |              |
|                           |                  | <u> </u>     |

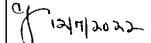
Office Use Only



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RECEIVED

2022 DEC -6 AM 9: 54



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 180907 4371244

AUTHORIZATION

COST LIMIT : \$ 30.00

ORDER DATE : December 5, 2022

ORDER TIME : 8:32 AM

ORDER NO. : 180907-005

CUSTOMER NO: 4371244

FOREIGN FILINGS

NAME: NAM-PASCO, LLC

CORPORATE

XXXX WITHDRAWAL/CANCELLATION

LIMITED PARTNERSHIP

\_ LIMITED LIABILITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

## **COVER LETTER**

|                          | ration Section<br>on of Corporations   |                                      |  |
|--------------------------|--|--------------------------------------|--|
| SUBJECT:                 | NAM-Pasco, LLC   |                                      |  |
| SUBJECT:                 | (Name of Fore  | eign Limited Liability               | Company)   |
| Dear Sir or Ma           | dam:   |                                      |  |
| The enclosed w           | ithdrawal and fee(s) are submitted   | d for filing.                        |  |
| Please return al         | correspondence concerning this   | matter to the followin               | g:   |
| Shannon Wat              | son  |                                      |  |
|                          | (Name of Person)   |                                      | _  |
| The North Am             | erican Coal Corporation  |                                      |  |
|                          | (Firm/Company)   |                                      | _  |
| 5340 Legacy              | Drive, Suite 300   |                                      |  |
|                          | (Address)  |                                      | -  |
| Plano, TX 750            | 024  |                                      |  |
|                          | (City/State and Zip Code   | 2)                                   | _  |
| For further info         | rmation concerning this matter, pl   | lease call;                          |  |
| Shannon Wat              | son  | 972<br>at (                          | 448-5410   |
|                          | (Name of Person)   |                                      | & Daytime Telephone Number)  |
| Regis<br>Divis<br>P.O. 1 | g Address:<br>tration Section<br>ion of Corporations<br>30x 6327<br>nassee, 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 c          | heck for the following amount:   |                                      |  |
| □\$25 Filing Fo          | ee \$30 Filing Fee &<br>Certificate of Status  | □\$55 Filing Fee &<br>Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy  |

## FILED

2022 DEC -6 AM 9: 54

## SECRETARY OF STATE NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORY A HASSEE, FL

| NAM-Pasco, LLC  |
|---|
| (Name of limited liability company)   |
| Nevada  |
| (Jurisdiction of its organization)  |
| May 14, 2019  |
| (Date registered with Florida Department of State)  |
| M19000004794  |
| (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)  |
| Matthew J. Dilluvio, Assistant Secretary  |
| (Typed or printed name of signee)   |

Filing Fee: \$25.00