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To:

Division of Corporations

Fax Number

Fax Number

: (850)617-6383

: (850)878-5368

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092

LLC DISSOLUTION OR WITHDRAWAL DUPONT PERFORMANCE ELASTOMERS L.L.C.

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COVERI	LUIIEK	i a
TO: Registration Section Division of Corporations		
SUBJECT: DuPont Performance Elastomers L.L.C.		
(Name of Foreign Limit	ed Liability Company)	,
Dear Sir or Madam:		. •
The enclosed withdrawal and fee(s) are submitted for filing	, ,	•
Please return all correspondence concerning this matter to	(	•
,		•
		,
(Name of Person).		•
CT Corporation System		•
(Firm/Company)	. · ·	
·	•	, _ •
1200 South Pine Island Road	·	<b>22</b>
(Address)		2012 AUG Secreta
Plantation, FL 33324	•	97. <del>2</del> 5
(City/State and Zip Code)		6 . SEE.
For further information concerning this matter, please call:		AM 8: FSTATE FLORE
Michael E. Schu at (	302 ) 992-4185	
(Name of Person)	Area Code & Daytime Telephone Numb	<u></u>
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassor, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallabassec, Florida 32314	

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

DuPont Performance Elastomers L.L.C.	
(Name of limited liability company)	•
Delaware (Jurisdiction of its organization)	
(uprestrivity of its orbitises)	
M96000000362	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surre- authority to transact business in this state.	nders its
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process ba cause of action arising during the time it was authorized to transact business in Florida.	srvice on sed on a
1007 Market Street, D-8042 (Mailing address)	
Wilmington, DE 19898	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	2812 AUG
(Signature of member or authorized representative of a member)	SERY IS
Lorison Les, Secretary, DuPont Elastomers, Inc., Member	Cof S
(Typed or printed name of signee)	SRIE 3

Filing Fee: \$25.00

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