PO3540 INDUSTRIAL REFRIGERATION 514 MOUNT PLEASANT ROAD HAMPTON, GEORGIA 30228-1803 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	
(Corporation Name)	(Document #)
	5000036012552
2.	-01/30/0101053002 (Document #) *****35.00 *****35.00
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
(Corporation Name)	(Document 11)
4. (Corporation Name)	(Document #)
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☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
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	AMENDMENTS
NEW FILINGS	AWENDWENTS
☐ Profit	Amendment
☐ Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
OMETER THE VICE	REGISTRATION/QUALIFICATION
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement With With
	Trademark V SHEPARD FER 5 2004
	Other V. SHEPARD FEB 5 2001

Examiner's Initials

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA

IN FLORIDA)
Industrial Refrigeration Services, Inc.	1/2
(Name of Corporation)	~ ~~
Georgia	SON SO PA
(Incorporated Under Laws Of)	- `
This corporation is no longer transacting business or conducting affairs within the State of Fl and hereby voluntarily surrenders its authority to transact business or conduct affairs in Flori	
This corporation revokes the authority of its registered agent in Florida to accept service behalf and appoints the Department of State as its agent for service of process based on a car action arising during the time it was authorized to transact business or conduct affairs in Florida.	ise of
The following is a current mailing address to which the Department of State may mail a coany process against this corporation that may be served on the Department.	py of
514 Mt. Pleasant Road	_
(Mailing Address)	
Hampton, GA 30228-1803	
(City/ State /Zip)	_ .
The corporation agrees to notify the Department of State in the future of any change in its maddress.	ailing
^ /1	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature of the chairman or vice chairman of the board, president, or any officer.	<u>.</u> .