FILE No.411 06/23 '04 Division of Corporations

PAGE Page 1 of 1

Florida Department of State Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H040001318153)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0380 TKT

From:

: CORPORATION SERVICE COMPANY Account Name

Account Number : 12000000195 : (850)521-1000 Phone

: (850)558-1575 Fax Number

WITHDRAWAL OF FOREIGN CORPORATION

NCP DADE POWER INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing

Public Access Help

6/23/2004

NCP DADE POWER INCORPORATED

H04000151815 3

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

(Name of Corporation)		
P35874		
(Document Number of Corporation	if known)	
Delaware		
(Incorporated Under Laws of	r)	
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a		and hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flor	based on a cause of action arisin	
The following is a current mailing address for the corporation:		
c/o Archight Capital Holdings, LLC, 200 Clare	ndon Street, 55th floor	
(Mailing Address)		
Boston, Mä 02117		
(City/ State /Zlp)		
The corporation agrees to notify the Department of State in the futu	June 22, 2004	
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	04 JUN 23 P
Daniel R. Revers (1) you or printed name of person signing)	President (Title of person signing)	
FILING FEE \$35	(2 mar os posenis alganis)	2: 02 STATE FLORIDA