

# FD5000006790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

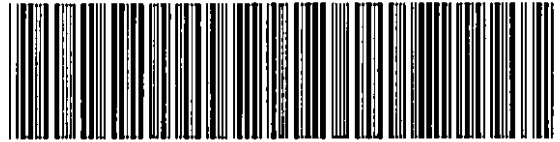
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*File 10T*

Office Use Only



600319784346

2018 NOV - 5 AM 11: 34

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

18 NOV - 5 AM 11: 19

RECEIVED

NOV 05 2018  
C. McALPIN

*cm*

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

SUBMITTED  
 11/14/18  
 5:41:34 PM

**Date:** 11/5/2018  
 \_\_\_\_\_  
 Acc#|20160000072

*Eric D.W.*

Name:	JERRDAN CORPORATION
Document #:	
Order #:	11239272

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

This is a 1 - 2 filing.

- Please process the withdrawal.
- Please process the registration.

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **43.75**

Thank you so much!

Thank you!

COVER LETTER

2018 NOV -5 AM 11: 36

TO: Amendment Section  
Division of Corporations

SUBJECT: JerrDan Corporation  
\_\_\_\_\_  
(Name of Corporation)

DOCUMENT NUMBER: F05000006790  
\_\_\_\_\_

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori Mackey  
\_\_\_\_\_  
(Name of Person)

Oshkosh Corporation  
\_\_\_\_\_  
(Firm/Company)

2307 Oregon Street, PO Box 2566  
\_\_\_\_\_  
(Address)

Oshkosh, WI 54903-2566  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Lori Mackey at (920) 235-9151 x22900  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

\$35 Filing Fee  \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL.32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL. 32301

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

JerrDan Corporation

\_\_\_\_\_  
(Name of Corporation)

F05000006790

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of)

2008 NOV -5 PM 11:35  
RECEIVED  
STATE OF FLORIDA  
SECRETARY OF STATE

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:


13224 Fountainhead Plaza

\_\_\_\_\_  
(Mailing Address)

Hagerstown, MD 21742

\_\_\_\_\_  
(City/ State //ip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/30/2018

\_\_\_\_\_  
(Date)

Ignacio A. Cortina

\_\_\_\_\_  
(Typed or printed name of person signing)

EVP and Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**