



State of Rhode Island

## Department of State - Business Services Division

## Certificate of Cancellation

FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2022 OCT 11 P 3:19

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                                                                                                            |                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| 1. Entity ID Number:<br>000157180                                                                                                                                                                                                                                                                                                                          | 2. The name of the limited liability company is:<br>PAG DISTRIBUTOR S1, LLC |
| 3. It is organized under the laws of: DE                                                                                                                                                                                                                                                                                                                   |                                                                             |
| 4. The entity is not transacting business in this state and surrenders its authority to transact business in this state.                                                                                                                                                                                                                                   |                                                                             |
| 5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island. |                                                                             |
| 6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is:<br><br>2555 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48302                                                                                                                                 |                                                                             |
| 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]                                                                                                           |                                                                             |
| 8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY                                                                                                                                                                                                                                                                                        |                                                                             |
| <input checked="" type="checkbox"/> Date received (Upon filing)                                                                                                                                                                                                                                                                                            |                                                                             |
| Later effective date (Date must be no more than 90 days from the date of filing) _____                                                                                                                                                                                                                                                                     |                                                                             |
| Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct.                                                                                                                                                                        |                                                                             |
| Type or Print Name of Authorized Person<br><br>Maggie Feher                                                                                                                                                                                                                                                                                                | Date<br><br>10/6/2022                                                       |
| Signature of Authorized Person<br><br>                                                                                                                                                                                                                                                                                                                     |                                                                             |

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 11 2022

BY   
319

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 452- Revised. 03/2021