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Name:	JOM Pharmaceutical Services, Inc.			
Document #:		 		
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Thank you!

COVER LETTER

	Amendment Section Division of Corporat				
SUBJE	CT: JOM Pharmaceut	ical Services, Inc.			
			(Name of Corp	oration)	
DOCUMENT NUMBER: F07000005331					
The enc	losed withdrawal a	pplication and f	ee are submitte	d for filing	j .
Please r	eturn all correspond	ence concerning	this matter to t	he followi	ng:
	Steven Richard Bechtl	ег			
			(Name of Pers	ion)	-
	McCarter & English, I	_LP			
			(Firm/Compa	ny)	
	Four Gateway Center,	100 Mulberry St.			
			(Address)		
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For furt	her information cond	cerning this matt	er, please call:		
Steven R	ichard Bechtler		973 at (849-4	1069
	(Name of Per	rson)	(Aı	ea Code 8	k Daytime Telephone Number)
Enclose	d is a check for the a	amount:			
□ \$35 l	_	-		ру	□ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
)]]	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Division The Ce 2415 N	lment Sect on of Corp entre of Ta	orations Ilahassee Street, Suite 810

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

JOM Pharmaceutical Service	es, Inc.
(Name of Corporation)
F07000005331	
(Document Number of Corporatio	on (if known)
Delaware 10/26/2007	
(Incorporated Under Laws of and date authorized to trans	sact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in F	ss based on a cause of action arising during the
The following is a current mailing address for the corporation: Cottontail Lane	2024 SEP 30
(Mailing Address)	P 30 AM 10: 51
Somerset, NJ 08873	31. 51
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	uture of any change in its mailing address.
Ronald P. Volans	09/25/2024
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Ronald P. Volans	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35