

M12000007231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

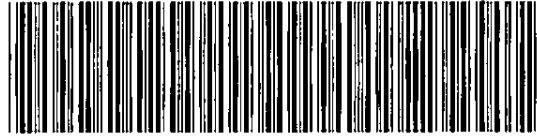
(Document Number)

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

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JUN - 1 2025

2025 JUN - 6 AM 4:46  
TALLAHASSEE, FL

2025 JUN - 6 AM 4:46

FILED

2025 JUN - 6 PM 2:52

2025 JUN - 6 PM 2:52

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 281879 4311863

AUTHORIZATION :

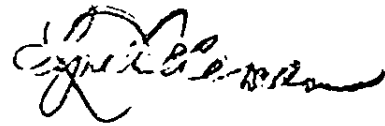
COST LIMIT : \$ 25.00

ORDER DATE : May 29, 2025

ORDER TIME : 10:03 AM

ORDER NO. : 281879-020

CUSTOMER NO: 4311863



FOREIGN FILINGS

NAME: MIAMI CLINICAL TRIALS, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
\_\_\_\_ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Clinical Trials, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Changhui Yang

\_\_\_\_\_  
(Name of Person)

Miami Clinical Trials, LLC

\_\_\_\_\_  
(Firm/Company)

6141 Sunset Drive, Suite 301

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

Miami, FL 33143

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Changhui Yang

\_\_\_\_\_  
(Name of Person)

302

359-5601

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Miami Clinical Trials, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/28/2012

(Date registered with Florida Department of State)

M12000007231

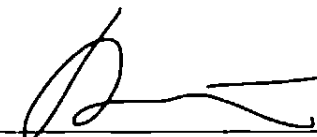
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: May 15, 2025 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Benjamin Chien, President and CEO

(Typed or printed name of signee)

FILED  
2025 JUN -6 AM 4:48  
TALLAHASSEE, FL

Filing Fee: \$25.00

CSC 281879