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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)205-8842  
Fax Number : (850)878-5368

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TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL  
ORTHO-CLINICAL DIAGNOSTICS FINCO S.A.R.L. LLC

Certificate of Status	0
Certified Copy	1
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JAN 20 2016  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ortho-Clinical Diagnostics FinCo S.a.r.l. 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:

Deb W. Ferguson  
\_\_\_\_\_  
(Name of Person)

Ortho-Clinical Diagnostics  
\_\_\_\_\_  
(Firm/Company)

1001 US Route 202 North  
\_\_\_\_\_  
(Address)

Raritan, New Jersey 08869  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Deb W. Ferguson at ( 908 704-3940 )  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

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

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

Ortho-Clinical Diagnostics FinCo S.a.r.l. LLC

(Name of limited liability company)

Luxembourg

(Jurisdiction of its organization)

December 4, 2014

(Date registered with Florida Department of State)

M14000008660

(Florida Document Number)

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



(Signature of authorized representative)

Michael A. Schlesinger

(Typed or printed name of signee)

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2016 JAN 19 AM 8:41  
SOUTH DIXIE COUNTY CLERK  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00