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Division of Corporations

Pax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092

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DISSOLUTION OR WITHDRAWAL SHIONOGI PHARMA, INC.

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COVER LETTER

| Division of Corporations | | | • | |
|--|-------------------------|---|-------------------------|-------------|
| SUBJECT: Shionogi Pharma, Inc. | | • | · , | |
| | (Name of Corporat | ion) | · · | |
| DOCUMENT NUMBER: F050000018 | 80 | | | |
| The enclosed withdrawal application an | d fee are submitted for | filing. | | • |
| Please return all correspondence concerning matter to the following: | ing this | • | • | |
| | | • | | |
| | (Name of Person) | · | | |
| | (Firm/Company) | | | |
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| | City/State and Zip cod | le) | | · · · |
| For further information concerning this ma | atter, please call: | | : | |
| (Name of Person) | at () | de & Doutine | Telephone Nun | nhar) |
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| Amendment Section Division of Corporations | | Amendment Division of C | Section Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Build 2661 Executi Taliahassee, | ve Center Circl | le . |

AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

' (Name of Corporation)

Shionogi Pharma, Inc.

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