

F07000005442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

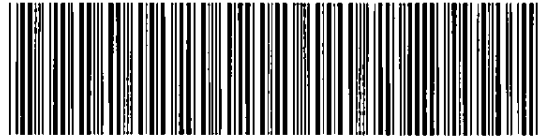
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700425453467

FILED  
2024 APR -2 PM 12:22  
TALLAHASSEE, FLORIDA  
2024 APR -2 PM 3:08  
RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 387349 4391256

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : April 2, 2024

ORDER TIME : 1:06 PM

ORDER NO. : 387349-010

CUSTOMER NO: 4391256

FOREIGN FILINGS

NAME: DUSA PHARMACEUTICALS, INC.

XX\_\_\_ 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:** Amendment Section  
Division of Corporations

**SUBJECT:** DUSA Pharmaceuticals, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F0700005442

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Selva

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

Sun Pharmaceutical Industries, Inc.

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

3 Skyline Drive

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

Hawthorne, New York 10532

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

For further information concerning this matter, please call:

Jonathan Selva

at ( 914 ) 383-3345

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

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)    ☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

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

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

DUSA Pharmaceuticals, Inc.

(Name of Corporation)

F07000005442

(Document Number of Corporation (if known))

New Jersey. Authorized to transact business in Florida since November 1, 2007

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2 Independence Way

(Mailing Address)

Princeton, New Jersey 08540

(City/ State /Zip)

FILED  
2024 APR -12 PM 12:22  
TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:

Erik Zwicker

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 2, 2024

(Date)

Erik Zwicker

(Typed or printed name of person signing)

Vice President, General Counsel

(Title of person signing)

**FILING FEE \$35**