F19000001981

(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:			
Special Instructions to Filing Officer: Map 150RNs			
1003			

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 575490 7352716

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: March 12, 2023

ORDER TIME : 8:32 AM

ORDER NO. : 575490-010

CUSTOMER NO: 7352716

FOREIGN FILINGS

NAME: KIADIS PHARMA U.S. CORPORATION

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: Alexxis Weiland-sorenson - EXT#

COVER LETTER

	dment Section on of Corporations	
SUBJECT:	Kiadis Pharma U.S. Corporation	
		(Name of Corporation)
DOCUMEN	Γ NUMBER: F19000001981	
The enclosed	withdrawal application and	I fee are submitted for filing.
Please return	all correspondence concernir	ng this matter to the following:
-		(Name of Person)
		(Firm/Company)
		(Address)
	. (City/State and Zip code)
For further in	formation concerning this ma	atter, please call:
Stacy Apgar		908 981-4954 at ()
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the amount:	
☎ \$35 Filing	Fee S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Ameno Divisio P.O. B	Address: dment Section on of Corporations ox 6327 assee, 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

Kiadis Pharma U.S. Corporation

(Name of Corporation)	·
F19000001981	202 521
(Document Number of Corporation (if known)	366
Delaware 04/23/2019	13
(Incorporated Under Laws of and date authorized to transact business/conduct its affair	s) 77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
This corporation is no longer transacting business or conducting affairs within the State of 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 appoints the Department of State as its agent for service of process based on a cause of actions.	ce on its behalf and
time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
55 Corporate Drive (Mailing Address)	
(Maining Address)	
Bridgewater, NJ 08807	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its n	_
(Signature of a diffector, president or other officer - if in the hands of a freeeiver or other court appointed fiduciary, by that fiduciary)	
Stacy Apgar Asst. Secretary	
(Typed or printed name of person signing) (Title of person	signing)

FILING FEE \$35