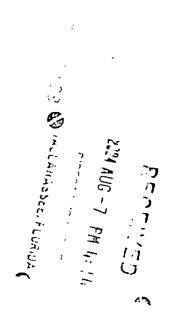
F23000003117

(Requestor's Name)	
(,	Address)	-
(,	Address)	
(City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
	L ***	IAI\—IL
(Business Entity Name)	
	Document Number)	
	·	
Certified Copies	Certificates of	Status
•	•	
Special Instructions to F	iling Officer:	
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/07/2024		Cheyanne Davis (850) 202-1882	
Name:	Cheyanne	Davis	_	
Reference #	_{#:} 2434	793	_	
Entity Name	e:	EUROFINS	PANLABS, INC.	
☐ Artic	les of Incorporation	n/Authorization	to Transact Business	
☐ Ame	ndment			
Change of Agent				
☐ Rein	statement			
☐ Conversion				
☐ Merg	ger			
Diss	olution/Withdrawal			
☐ Fictit	tious Name			
✓ Othe	er	FILE FIRST (E	BEFORE QUALIFICATION)	
Authorized	Amount:	\$35.00		
Signature:	August De	<u> </u>		

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

Eurofins Panlabs, Inc.	
(Name of Corporation)	
F23000003117	
(Document Number of Corporation (if	known)
Delaware	
(Incorporated Under Laws of and date authorized to transact	business/conduct its affairs)
This corporation is no longer transacting business or conducting aff voluntarily surrenders its authority to transact business or conduct af	
This corporation revokes the authority of its registered agent in Fappoints the Department of State as its agent for service of process betime it was authorized to transact business or conduct affairs in Flori	ased on a cause of action arising during the
The following is a current mailing address for the corporation:	
6 Research Park Dr	;
(Mailing Address)	
St Charles, MO 63304	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the futur	e of any change in its mailing address.
Juston Edm	06/30/2024
(Signature) if a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Justin Dudas	Tax Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35