

F 95000000336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

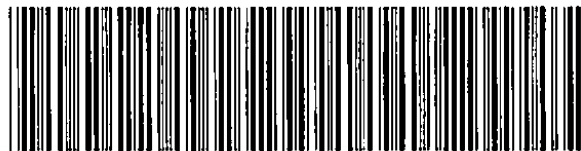
(Business Entity Name)

(Document Number)

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Withdrawal

FILED
2022 DEC 21 PM 12:19

RECEIVED
2022 DEC 21 PM 3:50
TALLAHASSEE, FL 32301

A. RAMSEY

DEC 22 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 269007 5169606

AUTHORIZATION :

COST LIMIT : \$35.00

[Handwritten Signature]

ORDER DATE : December 21, 2022

ORDER TIME : 1:49 PM

ORDER NO. : 269007-050

CUSTOMER NO: 5169606

FOREIGN FILINGS

NAME: NOVARTIS VACCINES AND
DIAGNOSTICS, 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: Eyliena Baker - EXT#

EXAMINER: _____

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

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

(Name of Corporation)

F95000000336

(Document Number of Corporation (if known))

DELAWARE-11/21/1986 (in Fla 1-23-95)

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

FILED
2022 DEC 21 PM 12 19

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:

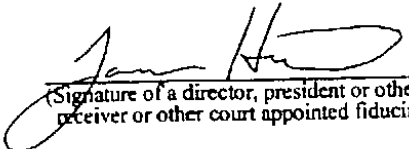
ONE HEALTH PLAZA

(Mailing Address)

EAST HANOVER, NJ 07936

(City/ State /Zip)

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


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

JAIME HUERTAS

(Typed or printed name of person signing)

12/20/22

(Date)

ASSISTANT SECRETARY

(Title of person signing)

FILING FEE \$35