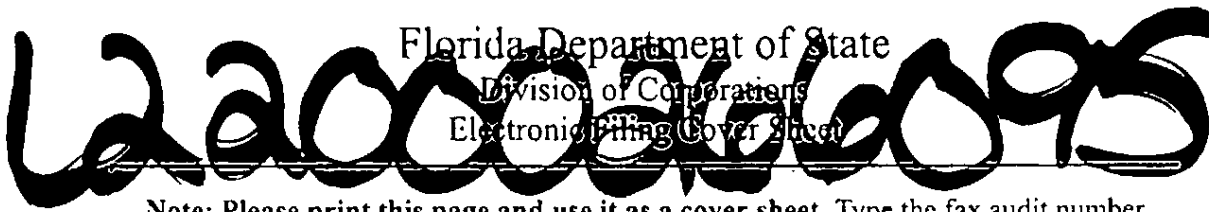


6/22/22, 2:04 PM

Division of Corporations



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(((H22000215702 3)))



H220002157023ABCV

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

LLC DISSOLUTION OR WITHDRAWAL
QUR LABS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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T. LEMIEUX
JUN 23 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUR LABS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackie Fox-Copley

Name of Person

Agents and Corporations, Inc.

Firm/Company

1201 N. Orange Street, Suite 600

Address

Wilmington, DE 19801

City/State and Zip Code

HOWDA-NOR@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HOWDA NOR
Name of Person

at (407)
Area Code

590-8929
Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite
Tallahassee, FL 32302

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: QUR LABS LLC

SECOND: The Florida Document number of the limited liability company is: L22000266095

THIRD: The record to be withdrawn is: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED

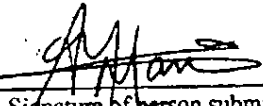
LIABILITY COMPANY.

FOURTH: Please check the appropriate box

☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.

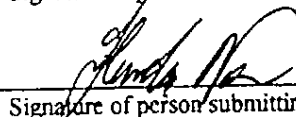
or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.


Signature of person submitting withdrawal

HANANE AYAD

Typed or printed name of signature


Signature of person submitting withdrawal

HOUDA NOR

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: \$25.00
Certified Copy: \$30.00 (optional)

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