

M04000003884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

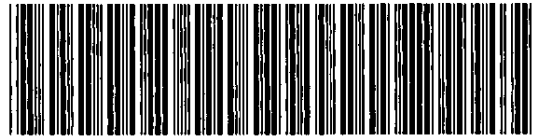
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400234648904

05/07/12--01011--004 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY -7 AM 9:02

FILED

J. SAULSBERRY  
EXAMINER

MAY 9 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Scott Laboratory Solutions, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Tim Scott  
(Name of Person)

Scott Laboratory Solutions, LLC  
(Firm/Company)

PO Box 52046  
(Address)

Knoxville TN 37950  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Elice at ( 865 ) 539-9112  
(Name of Person) (Area Code & Daytime Telephone Number)

2012 MAY -7 AM 9:02  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA

Scott Laboratory Solutions, LLC  
(Name of limited liability company)

Tennessee  
(Jurisdiction of its organization)

M04000003884  
(Florida Document Number)

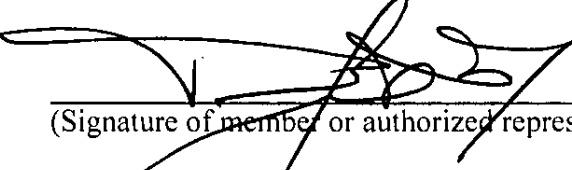
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

P.O. Box 52046  
(Mailing address)

Knoxville TN 37950-2046  
(City/State/Zip)

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

  
(Signature of member or authorized representative of a member)

Tom Scott  
(Typed or printed name of signee)

2012 MAY -7 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00