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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 26 2016

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Norgenix Pharmaceuticals, 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:

E.P. Martin

(Name of Person)

JM Smith Corporation

(Firm/Company)

101 West Saint John Street, Suite 305

(Address)

Spartanburg, SC 29306

(City/State and Zip Code)

For further information concerning this matter, please call:

E.P. Martin

(Name of Person)

at 864 542-9419 x5225
(Area Code & Daytime Telephone Number)

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Norgenix Pharmaceuticals, LLC

(Name of limited liability company)

South Carolina

(Jurisdiction of its organization)

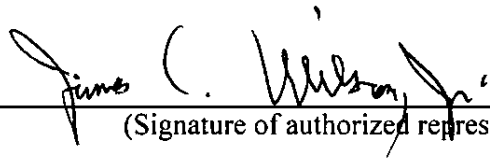
December 28, 2010

(Date registered with Florida Department of State)

M10000005768

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

James C. Wilson, Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00

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2010 APR 25 A 9:43
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TALLAHASSEE, FLORIDA