

M110000000398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

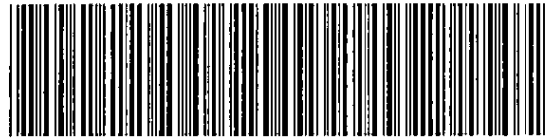
(Business Entity Name)

(Document Number)

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

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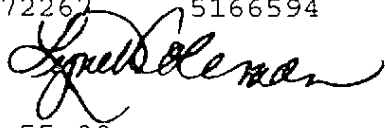
2019 AUG - 6 AM 8:47

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AND  
FILED

T GLASS

AUG 07 2019

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

ACCOUNT NO. : I20000000195  
REFERENCE : 872267 5166594  
AUTHORIZATION :   
COST LIMIT : \$ 55.00

ORDER DATE : August 6, 2019  
ORDER TIME : 12:28 PM  
ORDER NO. : 872267-065  
CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: SOLSTAS LAB PARTNERS GROUP,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT# 62968

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2019 AUG -16 AM 8:47

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Solstas Lab Partners Group, 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:

Gary Sherman  
\_\_\_\_\_

(Name of Person)

Corporation Service Company  
\_\_\_\_\_

(Firm/Company)

1180 Avenue of the Americas, Suite 210  
\_\_\_\_\_

(Address)

New York, NY 10036  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Sherman \_\_\_\_\_ 800 \_\_\_\_\_ 927 9801 ext. 62049  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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

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2019 AUG -6 AM 8:47  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Solstas Lab Partners Group, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

January 21, 2011

(Date registered with Florida Department of State)

M11000000398

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

DocuSigned by:

William J. O'Shaughnessy, Jr.

C31233191E2148D

(Signature of authorized representative)

William J. O'Shaughnessy, Jr.

(Typed or printed name of signee)

APPROVED  
AND  
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2018 AUG - 6 AM 8:47

Filing Fee: \$25.00