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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Generex Laboratories, 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:

Robert Riess

\_\_\_\_\_  
(Name of Person)

Generex Laboratories, LLC

\_\_\_\_\_  
(Firm/Company)

1915 Trade Center Way

\_\_\_\_\_  
(Address)

Naples, FL 34109

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Riess

\_\_\_\_\_  
(Name of Person)

239 248-8840  
at (\_\_\_\_\_) \_\_\_\_\_  
(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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|---|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Generex Laboratories, LLC

\_\_\_\_\_  
(Name of limited liability company)

South Dakota

\_\_\_\_\_  
(Jurisdiction of its organization)

June 15, 2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

M12000003401

\_\_\_\_\_  
(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: December 31st, 2019 (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.



\_\_\_\_\_  
(Signature of authorized representative)

Robert Riess

\_\_\_\_\_  
(Typed or printed name of signee)

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**Filing Fee: \$25.00**