## M1700000 4119

,					
(Re	questor's Name)				
(Ad	dress)				
	dress)				
(Au	uicssj				
(Cit	y/State/Zip/Phone	e #)			
, <u>,</u>		_			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
•		,			
(U0	cument Number)				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Eiling Officer				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		-, /.	;		
SUBJE	CT: Choice	e Geneti	cs US	A, LL	.C	
0000	(Name of Fore	ign Limited	Liability	Compa	ny)	
Dear Si	r or Madam:					
The enc	losed withdrawal and fee(s) are submitted	for filing.				
Please r	eturn all correspondence concerning this n	natter to the	followin	g:		
	Doreen Caudle	<del>)</del>				
	(Name of Person)			_		
	Choice Genetics US	A, LLC	;			
	(Firm/Company)					
	1415 28th Street, Su	ite 40(	)			
	(Address)			_		
	West Des Moines, IA	5026	6			
	(City/State and Zip Code	)		_		
For furt	her information concerning this matter, ple	ease call:				
		at (	515	)	557-9	9348
	(Name of Person)		rea Code	& Daytin	ne 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			4
Enclose	ed is a check for the following amount:					
<b>×</b> \$25	Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filir Certified		C	60 Filing Fe Certificate of Certified Cop	Status &

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Choice Genetics USA, LLC			
(Name of limited liability company)			_
lowa			
(Jurisdiction of its organization)			
08/01/2013			
(Date registered with Florida Department of State)			
M13000004819			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state	te.		
A Julian July	_		
(Signature of authorized representative)			
Kristina Kercher	g). Bren		
(Typed or printed name of signee)		5	
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Filing Fee: \$25.00