

M14000002793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

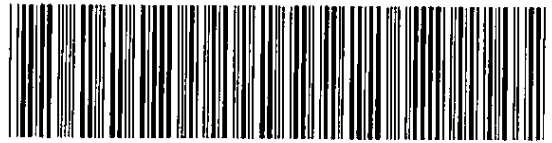
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LLC withdrawn

FILED
2024 JUL -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUL -2 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 3 2024
A RAMSEY

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

ACCOUNT NO. : I20000000195

REFERENCE : 530231 4305432

AUTHORIZATION :



COST LIMIT : \$ 55.00

ORDER DATE : July 1, 2024

ORDER TIME : 9:20 AM

ORDER NO. : 530231-015

CUSTOMER NO: 4305432

FOREIGN FILINGS

NAME: AX FOR PHARMA NORTH AMERICA
LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXXX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Miller - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AX FOR PHARMA NORTH AMERICA 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:

Luciano Moraes Capistrano Cunha

(Name of Person)

STAEDEAN INC.

(Firm/Company)

100 S. Ashley Drive, Ste 600

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Shouten _____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee \$30 Filing Fee & _____
 \$55 Filing Fee & _____
 \$60 Filing Fee, _____

FILED
2024 JUL -2 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FL 32310

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AX FOR PHARMA NORTH AMERICA LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

April 22, 2014

(Date registered with Florida Department of State)

M14000002793

(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: July 8, 2024 (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:
Luciano Cunha
0813558840DF442 ..

(Signature of authorized representative)

Luciano Moraes Capistrano Cunha

(Typed or printed name of signee)

Filing Fee: \$25.00