

114 0000003294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

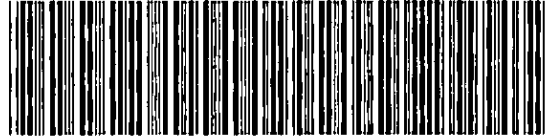
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TELETYPE

2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quinn Pharmaceuticals, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harry Fan

Name of Person

Quinn Pharmaceuticals, LLC

Firm/Company

1390 S. Brougham Drive

Address

Olathe, KS 66062

City/State and Zip Code

streg@stasonpharma.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harry Fan

Name of Person

at (949)

Area Code

380-4327, x222

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

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: Quinn Pharmaceuticals, LLC

SECOND: The Florida Document number of the limited liability company is: M14000003294

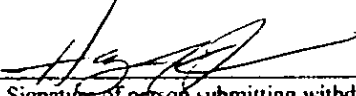
THIRD: The record to be withdrawn is: Registration of Foreign Limited Liability Company

for Authorization to transact business in Florida

FOURTH: Please check the appropriate box


☒ This withdrawal statement is signed by all the persons who signed the record being withdrawn.
or

☐ This record is withdrawn in accordance with the agreement of all the persons who signed the record.


Signature of person submitting withdrawal

Harry Fan, Manager/Member KC Specialty Therapeutics

Typed or printed name of signature


Signature of person submitting withdrawal

Gina Campbell, Vice President, Commercial Operations

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

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Filing fee: \$25.00
Certified Copy: \$30.00 (optional)

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