M1400000‍4470

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
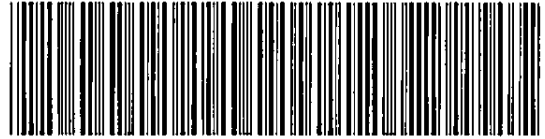(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

MAY 2 4 2024

Office Use Only

FILED
2024 MAY 23 AM 11: 06

RECEIVED
2024 MAY 23 PM 4:10
TALLAHASSEE, FLORIDA

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 05/20/2024

Name: **Patrice Rush**

Reference #: **2338811**

Entity Name: **ALLEGIS PHARMACEUTICALS, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☑ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other

Authorized Amount: 25.00

Signature:

COGENCYGLOBAL®

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: __05/20/2024__

Name: __Patrice Rush__

Reference #: __2338811__

Entity Name: __ALLEGIS PHARMACEUTICALS, LLC__

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☑ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other_____

Authorized Amount: __25.00__

Signature: _____

⊕ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40™ ST, 10™ FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

⊕ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

⊕ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, I/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _____ **ALLEGIS PHARMACEUTICALS, 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:

Ryan Thompson

(Name of Person)

_____

(Firm/Company)

PO Box 189

(Address)

Madison, MS 39130

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Thompson ___ at (__601__) _____ **859-0038** _____

(Name of Person)   (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:	**MAILING ADDRESS:**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

Enclosed is a check for the following amount:

❑ $25 Filing Fee   ❑ $30 Filing Fee &   ❑ $55 Filing Fee &   ❑ $60 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                                             Certified Copy

FILED

2024 MA 23 AM 11: 07

SE C

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Allegis Pharmaceuticals, LLC
(Name of limited liability company)

Mississippi
(Jurisdiction of its organization)

06/24/2014
(Date registered with Florida Department of State)

M14000004470
(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.

_____
(Signature of authorized representative)

Mark Thompson
(Typed or printed name of signee)

Filing Fee: $25.00

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _____ **ALLEGIS PHARMACEUTICALS, 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:

Ryan Thompson
_____

(Name of Person)

_____

(Firm/Company)

PO Box 189
_____

(Address)

Madison, MS 39130
_____

(City/State and Zip Code)

For further information concerning this matter, please call:

_____**Mark Thompson**_____ at (__**601**__) _____**859-0038**_____

(Name of Person)   (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

❑ $25 Filing Fee   ❑ $30 Filing Fee &   ❑ $55 Filing Fee &   ❑ $60 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                                        Certified Copy