

M15000003586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

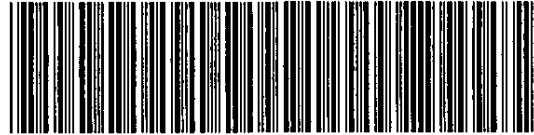
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
17 FEB 27 PM 3:24
DIVISION OF CORPORATIONS

MAR 01 2017
J. HARRIS



GUNNCHAMBERLAIN, P.L.
— CERTIFIED PUBLIC ACCOUNTANTS —

JOEL C. CHAMBERLAIN, CPA, CGMA
MARSHALL D. GUNN, JR., CPA/PFS, CGMA, CFP®
SONNY F. MARTIN, CPA, CGMA

February 10, 2017

Benjamin Epstein
12394 Royal Troon Lane
Jacksonville, FL 32224

RE: Close of Business in Florida for Allergy Science Labs, LLC

Dear Benjamin,

Please find the enclosed forms to withdraw and cancel the Florida certificate of authority for Allergy Science Labs, LLC.

Please follow the instructions below in order to file this form:

- 1) Sign the form where indicated
- 2) Attach a check for \$25 made payable to the Florida Department of State
- 3) Mail the entire package to:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please contact us if you have any questions.

Sincerely,

Joel C. Chamberlain, CPA
Partner - GunnChamberlain, P.L.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLERGY SCIENCE LABS, 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:

BENJAMIN EPSTEIN, MEMBER

(Name of Person)

ALLERGY SCIENCE LABS, LLC

(Firm/Company)

12394 ROYAL TROON LANE

(Address)

JACKSONVILLE, FL 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

BENJAMIN EPSTEIN, MEMBER at **352** **359-0945**

(Name of Person) (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:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALLERGY SCIENCE LABS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

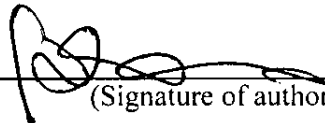
05/08/2015

(Date registered with Florida Department of State)

M15000003586

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

BENJAMIN EPSTEIN, MEMBER

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 FEB 27 PM 3:24