

MIS00006873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

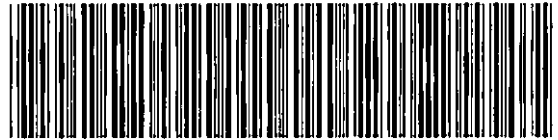
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7/18/18 DS



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 7/17/2018

Name: Merritt Walker

Reference #: D320385

Entity Name: EGL GENETIC DIAGNOSTICS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

7/17/2018

Authorized Amount: \$25

Signature: mmw

✉ CORPORATE HQ
COGENCY GLOBAL INC.
18 E 40TH ST, 10TH FL
NY, NY 10016
800.221.0102
+1.212.947.7200

✉ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NUMBER
6 BELVIS MARKS, 1ST FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

✉ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12TH FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EGL Genetic Diagnostics 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 Ford

(Name of Person)

Eurofins NSC US, Inc.

(Firm/Company)

2425 New Holland Pike

(Address)

Lancaster, PA 17601

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(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:

<input type="checkbox"/> \$25 Filing Fee	<input type="checkbox"/> \$30 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55 Filing Fee & Certified Copy	<input type="checkbox"/> \$60 Filing Fee, Certificate of Status & Certified Copy
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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EGL Genetic Diagnostics LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

8/31/2015

(Date registered with Florida Department of State)

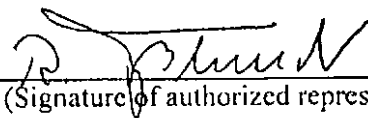
M15000006873

(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)

Ralf Fassbender

(Typed or printed name of signee)

Filing Fee: \$25.00