M19 000 000 286

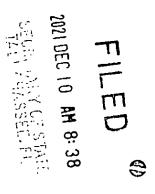
(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	÷#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



600377647396

12/10/21--01012--012 **25.00



C. BRUMBLEY

COVER LETTER

то:		ion Section of Corporations		•
SUBJE		LLS PLASMA, LLC		
30000	.c	(Name of Fo	reign Limited Liability	Company)
Dear Si	r or Mada	nı:		
The enc	losed with	ndrawal and fee(s) are submitte	ed for filing.	
Please r	eturn all c	orrespondence concerning this	s matter to the followin	g:
Erin He	elms			
		(Name of Person)		_
Wells P	Plasma, LI	.c		
		(Firm/Company)		_
1100 C	amellia Bl	vd. Ste. 201		
		(Address)		_
Lafayet	ite, LA 70	508		
		(City/State and Zip Co	de)	_
For furt	her inforn	nation concerning this matter.	please call:	
Erin He	elms		337 at (216-6547
		(Name of Person)		& Daytime Telephone Number)
	Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a che	ck 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

WELLS PLASMA, LLC					
(Name of limited	d liability company)	-			
LOUSIANA					
(Jurisdiction o	fits organization)				
JANUARY 9, 2019					
(Date registered with F	orida Department of	State)			
M19000000286					
(Florida Doc	cument Number)	· · · · · · · · · · · · · · · · · · ·			
This limited liability company is withdrawing i	ts certificate of auth	nority in this sta	ite.		
Effective Date, if other than the date of filing: 12/3/2021			(optional)		
(If an effective date is listed, the date must be s	pecific and cannot b	be prior to date			
more than 90 days after filing.)		,			
Note: If the date inserted in this block does not this date will not be listed as the document's ef					
inis date will not be fisted as the document s er	rective date on the I	Departiment of 5	rate 3 record	30.	
1					
76-30			202 SE		
(Simotrum of our	thorized representat	iva		-	
(Signature of aut	norized representat	176)	7. H		
			200		
RODNEY L SAVOY				FILE	
(Typed or pri	nted name of signee	€)	. S ⇔	D	
		,	AM 8: 38 05 STATA SEG. FA		
				8	

Filing Fee: \$25.00