

N19000003919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

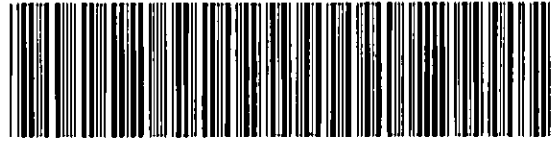
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
AMBASSADOR

2021 AUG 9:15

AUG 1 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 897449 8270519

AUTHORIZATION :



COST LIMIT : \$250.00

ORDER DATE : July 8, 2021

ORDER TIME : 9:49 AM

ORDER NO. : 897449-030

CUSTOMER NO: 8270519

FOREIGN FILINGS

NAME: PERSION PHARMACEUTICALS LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Persion Pharmaceuticals LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

04/17/2019

(Date registered with Florida Department of State)

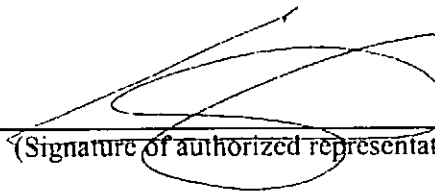
M19000003919

(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)

Erika Tooman
(Typed or printed name of signee)

FILED
APR 19 2019
TALLAHASSEE
FLORIDA

Filing Fee: \$25.00