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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BEGGS & LANE Account Number : I20020000155 Phone : (850)432-2451 Fax Number : (850)469-3331

LLC DISSOLUTION OR WITHDRAWAL **BIONEWS SERVICES, LLC**

Certificate of Status	0
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Estimated Charge	\$25.00

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(((H22000146881 3)))	CO	VER LETTEF	
TO: Registration Sect. Oivision of Corpo			
SUBJECT: BIONEWS S	SERVICES, LLC		
	(Name of Forei	gn Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdrawal a	and fee(s) are submitted	for tiling.	
Please return all correspon	idence concerning this n	natter to the following	3:
ROBERT L. JONES, III			
	(Name of Person)		-
BEGGS & LANE, RLLP			
	(Finn/Company)		-
501 COMMENDENCIA	STREET		
	(Address)		-
PENSACOLA, FL 32502			
	(City/State and Zip Code)		-
For further information co	ncerning this matter, ple	ease call;	
ROBERT L. JONES, III		850 at (432-2451
(Name o	f Person)		Daytime Telephone Number)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for t	he following amount:		
■\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BIONEWS S	ervices, LLC	
	(Name of limited liability company)	
TX		
	(Jurisdiction of its organization)	
07/21/2020		
	(Date registered with Florida Department of State)	
M200000062	76	
	(Florida Document Number)	
This limited	d liability company is withdrawing its certificate of authority in	this state.
(If an effect more than 9 Note: If the	eate, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior of days after filing.) e date inscrted in this block does not meet the applicable statuto ill not be listed as the document's effective date on the Departm	ry filing requirements,
	(Signature of authorized representative)	
	•	202
	Robert L. Jones, III	2 Ap
	(Typed or printed name of signee)	FILED FILED

Filing Fee: \$25.00