

1420000008361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

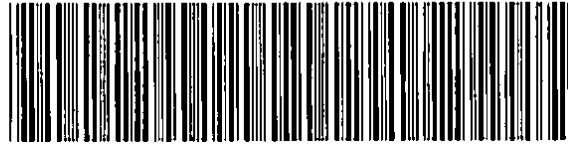
(Business Entity Name)

(Document Number)

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FEB 06 2021



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

Date: **February 05, 2021**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1324088**

Entity Name: **EUROFINS CLINICAL MOLECULAR TESTING SERVICES LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$25.00**

Signature: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EUROFINS CLINICAL MOLECULAR TESTING SERVICES LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

9/24/2020

(Date registered with Florida Department of State)

M20000008361

(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)

Dan Dickinson

(Typed or printed name of signee)

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