

M20000008361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

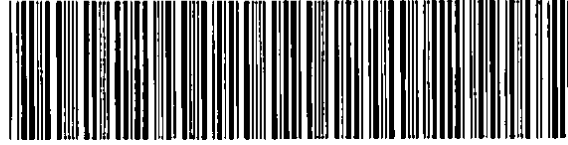
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

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.)

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(Signature of authorized representative)

Dan Dickinson

(Typed or printed name of signee)

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