

M2 000013742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

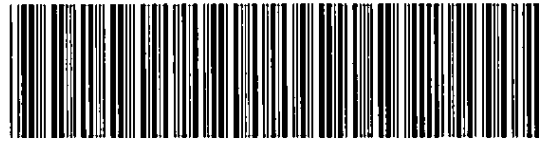
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TALLAHASSEE, FL

R. HUNT
01/25/24

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TALLAHASSEE, FLORIDA

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/25/2024
Acc#I20160000072

mic DW

Name:	ZBS ANIMAL LABS, LLC
Document #:	
Order #:	15343587 - 4

Certified Copy of Arts & Amend:	<input type="checkbox"/>	<div>STATE TALLAHASSEE, FL JAN 25 10:03 AM ED</div>	
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Amount: \$ **55.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZBS Animal Labs, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Swierkos

(Name of Person)

Armstrong Teasdale LLP

(Firm/Company)

7700 Forsyth Blvd., Suite 1800

(Address)

St. Louis, MO 63105

(City/State and Zip Code)

For further information concerning this matter, please call:

Susan Swierkos

(Name of Person)

314

621-5070

at (

_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 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

2001 JUL 5 AM 10:03
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ZBS Animal Labs, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 18, 2021

(Date registered with Florida Department of State)

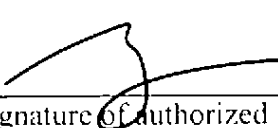
M21000013742

(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)

Steven Sung

(Typed or printed name of signee)

2021 OCT 18 AM 10:03
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
30

Filing Fee: \$25.00