1/18/24, 11:25 PM Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: __cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION CYTOVIA THERAPEUTICS, LLC

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450S BI WAL T. LEMIEUX To:

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

CT CORPORATION	SYSTEM		hereby resigns a	ıs		
	Name of Registered Age					
Registered Agent for	CYTOVIA THERAPEUTICS, ELC					_
	Name of Lin	nited Liability Company				- ,
M22000007734						
Document	Number, if known					
A copy of this resigna	tion was mailed to the a	above listed limited liability co	ompany at its las	t known a	address	
-		•	• •			
The agency is termina	ited and the office disco	ntinued on the 31st day after t	the date on which	n this stat	ement i	s filed.
		Nancy "Helm - Brown				
		Signature of Resigning Agent				
If signing on behalf o	f an entity:					
	NANCY HELM-BRO	NWC				
	7	yped or Printed Name				
	ASSISTANT SECRE	ETARY				
		Capacity				
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability con Administratively dissolved withdrawn limited liability	npany / voluntarily dis / company	solved/	1024 J	
INHS17 (2/14)	Make checks payat	ole to Florida Department of St Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	ate and mail to:	ETARY OF STATE	AH 18 AM 10: 10	