

822581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

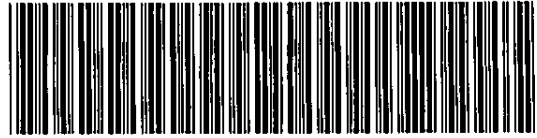
(Business Entity Name)

(Document Number)

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2014 MAR 24 PM 4:16  
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DM

MAR 25 2015

T. LEMIEUX



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 966192 7661211
AUTHORIZATION : [Signature]
COST LIMIT : \$ 35.00

ORDER DATE : January 17, 2014
ORDER TIME : 2:15 PM
ORDER NO. : 966192-025
CUSTOMER NO: 7661211

FOREIGN FILINGS

NAME: BIOTA PHARMACEUTICALS, INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Biota Pharmaceuticals, Inc.

\_\_\_\_\_  
(Name of Corporation)

822581

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

2500 Northwinds Pkwy., Suite 100

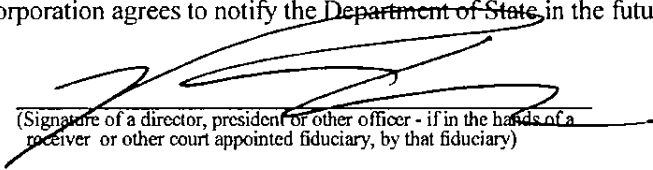
\_\_\_\_\_  
(Mailing Address)

Alpharetta, GA 30009

\_\_\_\_\_  
(City/ State /Zip)

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The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

March 10, 2014  
\_\_\_\_\_  
(Date)

Peter Azzarello

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**