(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100288721081

AUG 2 4 2016 **C LEWIS**

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 264229 8077018

AUTHORIZATION : Symbolic Common of the commo

COST LIMIT : \$ 35.00

ORDER DATE : August 23, 2016

ORDER TIME : 3:30 PM

ORDER NO. : 264229-005

CUSTOMER NO: 8077018

FOREIGN FILINGS

NAME: HZNP USA INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

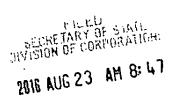
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

TO:	Amendment Section Division of Corporations			
CHE	HZNP USA INC.			
SUBJ	ECI:	(Name of Corporati	on).	
DOC	UMENT NUMBER: F13000003450		•	
The e	nclosed withdrawal application and	fee are submitted for	filing.	
	e return all correspondence concerning r to the following:	g this		
	Anne-Marie Dempsey			
		(Name of Person)		
	Horizon Pharma PLC.			
		(Firm/Company)	_	
	Connaught House, 1st Floor, 1 Burlington Road			
		(Address)		
	Dublin 4, D04 C5Y6, Ireland			
	(0	City/State and Zip coo	le)	
For fu	orther information concerning this mat	ter, please call:		
Anne-Marie Dempsey		00353	1 772 2147	
Enclo	(Name of Person) sed is a check for the amount:		ode & Daytime Telephone Number)	
.\$3	5 Filing Fee \$43.75; Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301	



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

HZNP USA INC.

(Name of Corporation	on)			
F13000003450				
(Document Number of Corporat	(Document Number of Corporation (if known)			
Delaware				
(Incorporated Under La	ws of)			
This corporation is no longer transacting business or conducting oluntarily surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business or conducting the surrenders its authority to transact business its authority to the surrenders its				
his corporation revokes the authority of its registered agent points the Department of State as its agent for service of practime it was authorized to transact business or conduct affair	ocess based on a cause of action arising during			
The following is a current mailing address for the corporation:				
1000 Holcomb Woods Pkwy, Suite 270	1000 Holcomb Woods Pkwy, Suite 270			
(Mailing Address)				
Roswell, Georgia, 30076				
(City/ State /Zip)				
The corporation agrees to notify the Department of State in the	future of any change in its mailing address.			
ShiM	15/08/2016			
(Signard of a directof, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)			
Dr. Jeff Sherman	Chief Medical Officer			
(Typed or printed name of person signing)	(Title of person signing)			

FILING FEE \$35