F14000001877

(Ře	equestor's Name)			
(Address)				
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(Ci	ty/State/Zip/Phone #)	_		
PICK-UP	WAIT MAIL			
(Bu	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions to Filing Officer:				
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OIVISIUH UE CORPORATIONS TALLAHASSEE, FLORIDA

2022 JUN 10 PM 3: 23

2022 JUN 10 AM 8: 26

of 10/15/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	•	120000000195

REFERENCE: 737301 5046129

AUTHORIZATION : Smell de ma

COST LIMIT : \$\frac{1}{3}\frac{5}{3}\cdot 00

ORDER DATE : June 10, 2022

ORDER TIME : 2:27 PM

ORDER NO. : 737301-010

CUSTOMER NO: 5046129

FOREIGN FILINGS

NAME: GENERAL INJECTABLES &

VACCINES, INC.

XXX 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: Eyliena Baker - EXT#

EXAMINER:

COVER LETTER

TO:	: Amendment Section Division of Corporations		
SUBJI	Canaral Injustables & Vasaina Inc		
SUBJI	(Name of Corporation)		
DOCL	MENT NUMBER: F14000001877		
The en	osed withdrawal application and fee are submitted for filing.		
Please	eturn all correspondence concerning this matter to the following:		
	Nancy Lee		
	(Name of Person)		
	Henry Schein, Inc.		
	(Firm/Company)		
	135 Duryea Road - Mail Stop E-365		
	(Address)		
	Melville, NY 11747		
	(City/State and Zip code)		
For fur	er information concerning this matter, please call:		
Nancy I			
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	I is a check for the amount:		
□ \$35	Tiling Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status Certified Copy (Additional copy is Enclosed) S43.75 Filing Fee & S52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)		
	Iailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of Corporations.O. Box 6327The Centre of TallahasseeFallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2022

RESUBMIT

Please give original submission date so file date.

CORPORATION SERVICE COMPANY

SUBJECT: GENERAL INJECTABLES & VACCINES, INC.

Ref. Number: F14000001877

We have received your document for GENERAL INJECTABLES & VACCINES, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 822A00013151



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

General Injectables & Vaccines, Inc.

•	
(Name of Corporation	n) ==:
(~ -
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F14000001877	on (if known) 8
(Document Number of Corporation	on (if known)
,	
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Virginia 04/29/2014	
(Incorporated Under Laws of and date authorized to tran	sact business/conduct its affairs)
voluntarily surrenders its authority to transact business or conduct. This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of proce time it was authorized to transact business or conduct affairs in F	in Florida to accept service on its behalf and ass based on a cause of action arising during the
The following is a current mailing address for the corporation:	
80 Summit View Lane	
(Mailing Address)	
Bastian, VA 24314	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fo	uture of any change in its mailing address.
Ask Cane	06/07/2022
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Charles D. Crawford	Vice President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35