

2/1/2019

2019-02-01 12:55:20 CST

12122023573 From Kimberly Laughrey

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

DISS/TERM/CANCEL/REV OF LP/LLP  
OMNICARE PILARMACY OF FLORIDA, LP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$52.50

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**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

Omnicare Pharmacy of Florida, LP

(Name of limited partnership or limited liability limited partnership)

Delaware

(Jurisdiction of formation)

11/08/2002

(Date authorized to transact business in Florida)

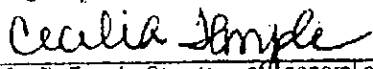
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: \_\_\_\_\_

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Cecilia Temple, Secretary of general partner

Typed or printed name:

Pharmacy Holding #2, LLC (general partner)

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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