

B16000000013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

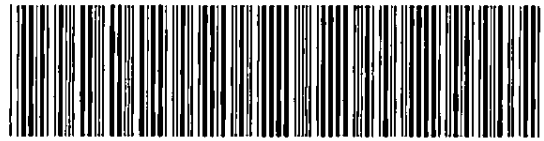
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800417273738

10/18/23--01027--023 +\$52.50

2023 OCT 18 PM 12:40  
DIVISION OF CORPORATIONS  
STATE OF ALABAMA

R. HUNT

10/18/23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** RECEPT PHARMACY, LP  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tax Department

(Contact Person)

Omniceil Inc

(Firm/Company)

500 Cranberry Woods Drive

(Address)

Cranberry Twp, PA 16066

(City, State and Zip Code)

2023 OCT 18 PM 12:40  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Coco Gan

(Name of Contact Person)

at (408) 3697272

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

RECEPT PHARMACY, LP

(Name of foreign limited partnership or limited liability limited partnership)

B16000000013

(Florida Document Number of the Foreign LP or L.L.L.P.)

TX

(Jurisdiction of formation)

01/15/2016

(Date authorized to transact business in Florida)

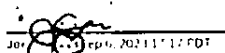
This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

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.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:

  
JOSEPH B. SPEARS, CEO

Typed or printed name:

JOSEPH B. SPEARS, CEO

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

2023 OCT 18 PM 12:40

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS