F02000003969

(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:

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07/28/04--01034--011 **43.75

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04 AUG 10 PM 3:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Withdrawal

AUG 10 2004

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 30, 2004

DAVID FITZGERALD
PHARMACEUTICAL SOLUTIONS, INC.
1328 TALL MAPLE LOOP
OVIEDO, FL 32765

SUBJECT: PHARMACEUTICAL SOLUTIONS, INC.
Ref. Number: F02000003969

We have received your document for PHARMACEUTICAL SOLUTIONS, INC. and check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A foreign corporation authorized to transact business or conduct its affairs in Florida may withdraw its authority by completing the enclosed withdrawal application and submitting the appropriate fee.

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) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 504A00047868

Completed Documents ATTACHED - Thank You!
(Please use fee previously submitted)

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: F02000003969

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Fitzgerald
(Name of Person)

Pharmaceutical Solutions, Inc.
(Name of Firm/Company)

1328 Tall Maple Loop
(Address)

Oviedo, FL 32765
(City/State/and Zip Code)

For further information concerning this matter, please call:

David Fitzgerald at (407) 359-2169
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ $35 Filing Fee
- ☒ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

Pharmaceutical Solutions, Inc.
(Name of Corporation)

F02000003969
(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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The following is a current mailing address for the corporation:

1328 Tall Maple Loop
(Mailing Address)

Oviedo, FL 32765
(City/ State /Zip)

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

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

8/04/04
(Date)

David Fitzgerald
(Typed or printed name of person signing)

Director/VP
(Title of person signing)

FILING FEE $35