

## Florida Department of State Division of Corporations

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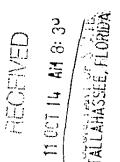
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## DISSOLUTION OR WITHDRAWAL EURAND PHARMACEUTICALS, INC.

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## **COVER LETTER**

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			Corporation)
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For furth	er information concerning t	this matter, please	call:
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	(Name of Person)		(Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Eurand Pharmaceuticals, Inc.

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FILING FEE \$35