8/16/2016 12:32:15 PM From: To: 8506176380( 1/3 )



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name
Account Number: C T CORPORATION SYSTEM
From System (850) 205-8842

Fax Number

DISSOLUTION OR WITHDRAWAL PAR PHARMACEUTICAL, INC.

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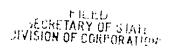
**C LEWIS** 

8/16/2016 12:32:15 PM From: To: 8506176380( 2/3 )

## **COVER LETTER**

|                               | Amendment Section   |                          |  |  |  |
|-------------------------------|---|--------------------------|--|--|--|
| 1                             | Division of Corporations  |                          |  |  |  |
| SUBJE                         | Par Pharmaceutical, Inc   |                          |  |  |  |
|                               |   | (Name of Corporation     | 1)   |  |  |
| DOCUMENT NUMBER: F13000001247 |   |                          |  |  |  |
| The encl                      | losed withdrawal application and  | fee are submitted for fi | ling.  |  |  |
|                               | eturn all correspondence concernin<br>the following:  | g this                   |  |  |  |
|                               | Deanna Voss   |                          |  |  |  |
|                               |   | (Name of Person)         |  |  |  |
|                               | Par Pharmaceutical, Inc.  |                          |  |  |  |
|                               |   | (Firm/Company)           |  |  |  |
|                               | 1400 Atwater Drive  |                          |  |  |  |
|                               |   | (Address)                |  |  |  |
|                               | Malvern, PA 19355   |                          |  |  |  |
|                               |   | City/State and Zip code  |  |  |  |
| For furth                     | ner information concerning this ma  | tter, please call:       |  |  |  |
|                               | eanna Voss  |                          | 16-4179  |  |  |
| Enclose                       | (Name of Person) d is a check for the amount:   |                          | e & Daytime Telephone Number)  |  |  |
| □ \$35 I                      | Filing Fee \$\bigcup\$43.75 Filing Fee & Certificate of Status                                  | <del>-</del>             | Certificate of Status & Certified  |  |  |
|                               | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                          | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL, 32301 |  |  |

Par Pharmaceutical, Inc.



2016 AUG 16 AM 9: 12

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

| (Name of Corpo   | oration)  |
|--|---|
| F13000001247   |   |
| (Document Number of Corp   | poration (if known)                                 |
| Delaware   |   |
| (Incorporated Undo   | er Laws of)   |
| This corporation is no longer transacting business or conduvoluntarily surrenders its authority to transact business or co   |   |
| This corporation revokes the authority of its registered as appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct at | f process based on a cause of action arising during |
| The following is a current mailing address for the corporati   | ion:  |
| 1400 Atwater Drive (Mailing Add  | ress)   |
| Malvem, PA 19355   |   |
| (City/ State /   | <b>Ζ</b> ι <b>p</b> )                               |
| The corporation agrees to notify the Department of State in  | the future of any change in its mailing address.    |
| Jeanan Vous  | 08/08/2016  |
| (Signifure of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)  | a (Date)  |
| Deanna Voss  | Assistant Secretary                                 |
| (Typed or printed name of person algaing)  | (Title of person signing)                           |

FILING FEE \$35