

# F15000000778

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEPARTMENT OF REVENUE  
2017 JUN 14 PM 3:38  
17 JUN 14 AM 11:00

JUN 15 2017

C McNAIR

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

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SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
JUN 14 PM 3:35

ACCOUNT NO. : I20000000195  
REFERENCE : 681333 5174400  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

ORDER DATE : June 13, 2017  
ORDER TIME : 9:29 AM  
ORDER NO. : 681333-015  
CUSTOMER NO: 5174400

FOREIGN FILINGS

NAME: AMERICAN ASSOCIATED DRUGGISTS,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NOTICE OF BUSINESS WITHDRAWAL FROM STATE OF FLORIDA

(Name of Corporation)

**DOCUMENT NUMBER:** AMERICAN ASSOCIATED DRUGGISTS, INC.

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK SHARP

(Name of Person)

AMERICAN ASSOCIATED DRUGGISTS, INC.

(Firm/Company)

201 LONNIE E CRAWFORD BLVD

(Address)

SCOTTSBORO, AL 35769

(City/State and Zip code)

For further information concerning this matter, please call:

MARK SHARP

at (256) 218-5512

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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, FL 32314

**STREET ADDRESS:**

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

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SECRETARY OF CORPORATION  
DIVISION OF CORPORATIONS  
DATE JUN 14 PM 3:38

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

AMERICAN ASSOCIATED DRUGGISTS, INC.

(Name of Corporation)

F15000000778

(Document Number of Corporation (if known))

ARIZONA

(Incorporated Under Laws of)

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DIVISION OF CORPORATIONS  
2017 JUN 14 PM 3:38

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.

The following is a current mailing address for the corporation:


201 LONNIE E CRAWFORD BLVD

(Mailing Address)

SCOTTSBORO, AL 35769

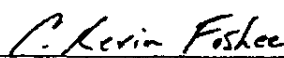
(City/ State /Zip)

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

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

APRIL 30, 2017

(Date)

  
(Typed or printed name of person signing)

  
(Title of person signing)

**FILING FEE \$35**