

# F15000004425

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

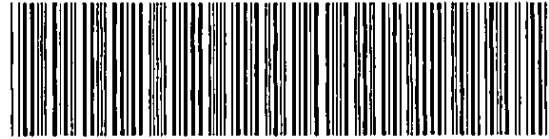
\_\_\_\_\_  
(Business Entity Name)

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 27 AM 7:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 APR 27 PM 1:39

RECEIVED

APR 28 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 272651 4391256

AUTHORIZATION

COST LIMIT : \$ 52.50

ORDER DATE : April 24, 2020

ORDER TIME : 10:33 AM

ORDER NO. : 272651-005

CUSTOMER NO: 4391256

FOREIGN FILINGS

NAME: PHARMALUCENCE, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pharmalucence, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F15000004425

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

Please return all correspondence concerning this matter to the following:

Zvi Albert, Vice President - Finance & Treasurer  
(Name of Person)  
Sun Pharmaceutical Industries, Inc.  
(Firm/Company)  
2 Independence Way  
(Address)  
Princeton, New Jersey 08540  
(City/State and Zip code)

For further information concerning this matter, please call:

Zvi Albert, Vice President - Finance & Treasurer at ( 914 ) 345 - 9001  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Pharmalucence, Inc.

(Name of Corporation)

F15000004425

(Document Number of Corporation (if known))

Delaware and 10/06/2015

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

29 Dunham Road

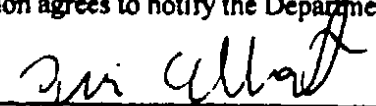
(Mailing Address)

Billerica, Massachusetts 01821

(City/ State /Zip)

2020 APR 27 AM 7:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Zvi Albert

(Typed or printed name of person signing)

April 1, 2020

(Date)

Vice President - Finance & Treasurer

(Title of person signing)

**FILING FEE \$35**