

F15000005588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

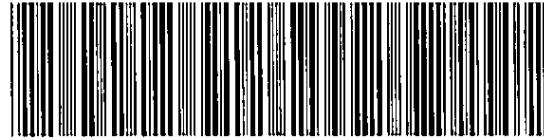
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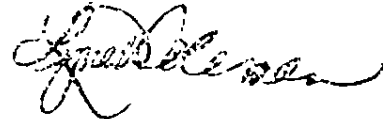
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 593578 7953861

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : August 13, 2024

ORDER TIME : 10:30 AM

ORDER NO. : 593578-130

CUSTOMER NO: 7953861

FOREIGN FILINGS

NAME: MODERNIZING MEDICINE RETAIL  
SOLUTIONS, 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: Amanda Miller - EXT#

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



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Modernizing Medicine Retail Solutions, Inc.

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F15000005588

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

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

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

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Patrick Horan

at ( 561 ) 880.2998

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- |                                          |                                                                        |                                                                                                     |                                                                                                                         |
|------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>Enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status & Certified<br>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**

Modernizing Medicine Retail Solutions, Inc.

\_\_\_\_\_  
(Name of Corporation)

F15000005588

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware - 12/17/2015

\_\_\_\_\_  
(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:

4850 T-Rex Ave., Suite 200

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

Boca Raton, FL 33431

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

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FILED

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

*Patrick Horan*

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

10/9/2024

\_\_\_\_\_  
(Date)

Patrick Horan

\_\_\_\_\_  
(Typed or printed name of person signing)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**