(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600381066336

2022 FEB 22 PH 12: 00

RECEIVED

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

CONTACT PERSON: Eyliena Baker - EXT#

ACCOUNT NO. : I2000000195
REFERENCE : 504869 4337644
AUTHORIZATION : Spelle man
COST LIMIT : \$35.00
PRDER DATE : February 21, 2022
PRDER TIME : 9:22 AM
PRDER NO. : 504869-025
USTOMER NO: 4337644
FOREIGN FILINGS
NAME: PARAMOUNT RX INC.
XX CORPORATE
LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXX WITHDRAWAL/CANCELLATION
LEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
X PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

## **COVER LETTER**

TO:	Amendment Section Division of Corporations		
SUBJ	JECT: Paramount Rx Inc.		
	***	(Name of Corporation)	
DOC	CUMENT NUMBER: F17000002255		
The e	enclosed withdrawal application and	fee are submitted for filing.	
Please	e return all correspondence concerning	g this matter to the following:	
	Pamela G. Speir		
		(Name of Person)	
	Womble Bond Dickinson (US) LLP		
		(Firm/Company)	
301 S. College St., Ste 3500			
		(Address)	
	Charlotte, NC 28202-6037		
	((	City/State and Zip code)	
For fu	urther information concerning this mat	atter, please call:	
Pamela	a G. Speir	at (704 )331-4927	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclo	osed is a check for the amount:		
□ \$3		□ \$43.75 Filing Fee & □ \$52.50 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

Paramount Rx Inc.	
(Name of Corporatio	n)
F17000002255	
(Document Number of Corporati	on (if known)
Delaware 05/15/2017	
(Incorporated Under Laws of and date authorized to tran	isact business/conduct its affairs)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of process.	ct affairs in Florida.  in Florida to accept service on its behalf and
time it was authorized to transact business or conduct affairs in I	
The following is a current mailing address for the corporation:	
2054 Kildaire Farm Road, Ste. 432	2 <u>0</u> 22 F
(Mailing Address)	; 05 N
Cary, NC 27518	12 P
(City/ State /Zip)	ىن ن ن
The corporation agrees to notify the Department of State in the f	uture of any change in its mailing address.
Joseph Starrin	2/18/2022
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Jeremy Starrin	Vice President
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**