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EXAMINER



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DEPARTMENT OF STATE
LYISION OF CORPORATION

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SECRETARY OF STATE .
DIVISION OF CORPORATIONS



ACCOUNT NO. : 12000000195 REFERENCE : 853332 5124708 AUTHORIZATION COST LIMIT ORDER DATE : July 21, 2011 ORDER TIME : 11:45 AM ORDER NO. : 853332-010 CUSTOMER NO: 5124708 FOREIGN FILINGS NAME: BADGER ACQUISITION OF OHIO, LLC CORPORATE LIMITED PARTNERSHIP XXX 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: Troy Todd - EXT# 2940 EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SURJECT. Badg	ger Acquisition of Ohio,	LLC	
Soldier.		eign Limited Liability C	Company)
Dear Sir or Madam:			
The enclosed withdr	rawal and fee(s) are submitte	d for filing.	
Please return all corn	respondence concerning this	matter to the following:	:
Cecilia Temple			
	(Name of Person)		
Omnicare			
	(Firm/Company)		
100 E. RiverCer	nter Blvd., Suite 1600		
	(Address)		
Covington, KY	41011		
	(City/State and Zip Cod	e)	
For further informat	ion concerning this matter, p	olease call:	
Cecilia Temple		at (859	392-9017
(N	ame of Person)		Daytime Telephone Number)
Registration Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	□\$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Badger Acquisition of Ohio, LLC (Name of limited liability company)
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M9800000708
(Florida Document Number)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
100 E. RiverCenter Blvd., Suite 1600 (Mailing address)
Covington, KY 41011
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of member or authorized representative of a member)
Regis T. Robbins, Authorized Representative of Member
(Typed or printed name of signee)

Filing Fee: \$25.00