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(Ác	ldress)	<u> </u>
(Ac	ldress)	
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K. SALY EXAMINER MAR 1 4 2014



ACCOUNT NO. : I2000000195 REFERENCE : 025943 **AUTHORIZATION** COST LIMIT ORDER DATE: February 24, 2014 ORDER TIME : 9:58 AM ORDER NO. : 025943-245 CUSTOMER NO: 4392992 FOREIGN FILINGS NAME: MCKESSON HEALTH SOLUTIONS LLC __ 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: Susie Knight - EXT# 52956

EXAMINER:



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

McKesson Health Solutions LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
10/16/2000
(Date registered with Florida Department of State)
M0000002187
(Florida Document Number)
This limited liability company withdrawing its certificate of authority in this state.
(Signature of authorized representative)
. ,
Melissa Wu
(Typed or printed name of signee)

Filing Fee: \$25.00