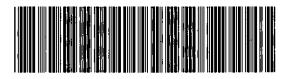
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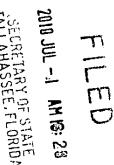
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entry Parity)
(Document Number)
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C. LEWIS

JUL 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	يوهو د ساغني		*>*
##			₩.
SUBJECT: Associated Pharmacies Se	ervices, LLC		
SCHALCT:	ign Limited Liabili	ty Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted	for filing.		
Please return all correspondence concerning this n	natter to the follow	ing:	
Paul W. Carlin			
(Name of Person)			
(
Associated Pharmacies, Inc.			
(Firm/Company)		<u> </u>	
(viiii company)			
211 Lonnie E Crawford Blvd			
(Address)			
(
Scottsboro, AL 35769			
(City/State and Zip Code)	ļ.		
For further information concerning this matter, ple	ease call:		
			_
Paul Carlin	at (_256) 574-6819 ext 244	
(Name of Person)	(Area Code	& Daytime Telephone Number)
CERTIFICATION AND DEGR			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building		Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301		anassos, i fortaa 5251 f	
Enclosed is a check for the following amount:			
\$30 Filing Fee \$	\$55 Filing Fee &	z \$60 Filing Fee,	
Certificate of Status	Certified Copy	Certificate of Status &	k
•	• •	Certified Copy	

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

Associated Pharmacies Services, LLC
(Name of limited liability company)
Alabama MOHOOOOO 2747 (Jurisdiction of its organization)
(Julisalenon of its organization)
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.
211 Lonnie E Crawford Blvd
(Mailing address)
Scottsboro, AL 35769
(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)
Paul W. Carlin Secretary (Typed or printed name of signee) ARCTA
RY OF STATE SEE, FLORID

Filing Fee: \$25.00