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(Re	questor's Name)	
	T	
(Add	dress)	
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(City	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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PECEIVED

O SIMMONS APR 0 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 579224 4319314

AUTHORIZATION (

COST LIMIT : \$\sigma25.00

ORDER DATE: March 31, 2017

ORDER TIME : 10:08 AM

ORDER NO. : 579224-005

CUSTOMER NO: 4319314

FOREIGN FILINGS

NAME: WALGREENS SPECIALTY CENTERS,

LLC

_ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Walgreens Specialty Care Centers, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	_
June 8, 2005 (under its original name, Salient Medcial Centers, L.L.C.)	
(Date registered with Florida Department of State)	1/8-/1
M0500003086	*: =
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	1
alla Super WH	相 6: 20
(Signature of authorized representative)	0
Collin Smyser, Vice President and Secretary	
(Typed or printed name of signee)	

Filing Fee: \$25.00