

MD 50000004754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

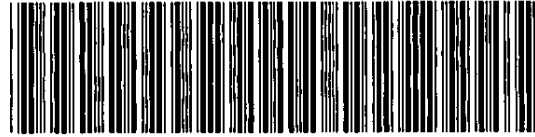
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 24 A 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


10 AM JUN 24 2016
SUFFICIENCY OF FILING

16 JUN 24 PM 1:38

RECEIVED
JUN 24 2016

S Warren
JUN 27 2016

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

ACCOUNT NO. : I20000000195
REFERENCE : 192311 4319314
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 24, 2016
ORDER TIME : 12:55 PM
ORDER NO. : 192311-035
CUSTOMER NO: 4319314

FOREIGN FILINGS

NAME: MEDICATION ADHERENCE SOLUTIONS
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ 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: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medication Adherence Solutions, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Harris

(Name of Person)

Walgreens Boots Alliance, Inc.

(Firm/Company)

104 Wilmot

(Address)

Deerfield, IL 60015

(City/State and Zip Code)

For further information concerning this matter, please call:

Wendy Harris at (847) 315-4860
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Medication Adherence Solutions, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)


August 25, 2005

(Date registered with Florida Department of State)

M05000004754

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

ST 
(Signature of authorized representative)

Amelia Legutki, Vice President
(Typed or printed name of signer)

Filing Fee: \$25.00

FILED
2015 JUN 24 A 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA