

1/6/2015 14:03:21 From: To: 8506176383

Division of Corporations

( 1/3 )

Page 1 of 1

1706 000002336

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000003657 3)))



H150000036573ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
ATLANTIC PRESCRIPTION SERVICE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED  
15 JAN -6 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
15 JAN -6 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN -7 2015

T. HAMPTON

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Prescription Service 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:

Christine Feldman, Licensing Administrator  
(Name of Person)

Calamarian  
(Firm/Company)

Attn: Legal Department, 1600 McConnor Parkway  
(Address)

Schaumburg, IL 60173  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Feldman at ( 925 ) 519-8819  
(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**

Atlantic Prescription Service LLC

(Name of limited liability company)

Nebraska

(Jurisdiction of its organization)


04/21/2006

(Date registered with Florida Department of State)

M06000002330

(Florida Document Number)

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



(Signature of authorized representative)

Jeffrey Gary Park

(Typed or printed name of signee)

Filing Fee: \$25.00

**FILED**  
15 JAN -6 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA