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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXAMINER

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 812625 7541408

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE : December 3, 2008

ORDER TIME : 9:01 AM

ORDER NO. : 812625-105

CUSTOMER NO: 7541408

FOREIGN FILINGS

NAME: DSI PHARMACY, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX 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: Harry B. Davis - EXT# 2926

EXAMINER: _____

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

DSI Pharmacy, LLC

(Name of limited liability company)

Delaware

(Jurisdiction 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.

511 Union Street, Suite 1555

(Mailing address)

Nashville, TN 37219

(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)

Jay Yalwitz

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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