

MB9000000729

(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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FILED  
2021 MAR 30 AM 9:23  
TALLAHASSEE, FL

D. BRUCE  
MAY 20 2021



March 22, 2021

Florida Secretary of State  
Division of Corporations  
Amendment Section  
2415 N. Monroe St.  
Suite 810  
Tallahassee, FL 32303

RE: Filing Number M09000000729

Dear Sir or Madam:

Enclosed please find the Corporate Withdrawal Application for Infusion Partners of Brunswick, LLC.

Upon completion, please send a copy to my attention at:

Option Care  
3000 Lakeside Dr.  
Suite 300N  
Bannockburn, IL 60015

If you have any questions or need additional information, please feel free to contact me at (312)-946-2528 or email me at [michelle.mazzenga@optioncare.com](mailto:michelle.mazzenga@optioncare.com)

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Mazzenga".

Michelle Mazzenga  
Senior Specialist

2021 MAR 30 AM 9:23  
TALLAHASSEE, FL  
F-11170

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infusion Partners of Brunswick 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:

Michelle Mazzenga

\_\_\_\_\_  
(Name of Person)

Infusion Partners of Brunswick LLC

\_\_\_\_\_  
(Firm/Company)

3000 Lakeside Dr., Suite 300N

\_\_\_\_\_  
(Address)

Bannockburn, IL 60015

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Mazzenga

\_\_\_\_\_  
(Name of Person)

312

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

940-2528

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

RECEIVED  
TALLAHASSEE, FL

2021 MAR 30 AM 9:23

FILED

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Infusion Partners of Brunswick LLC

(Name of limited liability company)

Georgia

(Jurisdiction of its organization)

2/20/2009

(Date registered with Florida Department of State)


M09000000729

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Michael Shapiro

(Typed or printed name of signee)

FILED  
TALLAHASSEE, FL

2021 MAR 30 AM 9:23

**Filing Fee: \$25.00**