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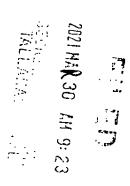
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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D. BRUCE MAY 20 2021





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)-940-2528 or email me at michelle.mazzenga@optioncare.com

Sincerely,

Michelle Mazzenga Senior Specialist

COVER LETTER

	on Section of Corporations					
Infus	sion Partners of Brunswick	LLC				
30001.01.	(Name of For	eign Limited Liability	Company)			
Dear Sir or Madan	n:					
The enclosed with	drawal and fee(s) are submitte	d for filing.				
Please return all co	orrespondence concerning this	matter to the followin	g:			
Michelle Mazzer	nga					
	(Name of Person)		_			
Infusion Partners	s of Brunswick LLC					
	(Firm/Company)		_			
3000 Lakeside D	Dr., Suite 300N					
	(Address)		-			
Bannockburn, IL	60015					
	(City/State and Zip Cod	e)	-			
For further informa	ation concerning this matter, p	lease call:		TAT TAL	2021 HAK30 AH 9:	7
Michelle Mazzer	nga	312	940-2528	72.7 22.7	2 3	
	Name of Person)	(Area Code &	& Daytime Telephone Number)	- 1.	0 24	. 31
Divisior P.O. Bo	ition Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e e	<u> </u>	
Enclosed is a chec	k 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

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)			
M0900000729			
(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: (If an effective date is listed, the date must be specific and cannot be prior to date of filing of more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirement this date will not be listed as the document's effective date on the Department of State's recommendation.	r ients.		
(Signature of authorized representative)	STONE THE STORY	2021 HAR 30 AH	
Michael Shapiro		ۻ	,

Filing Fee: \$25.00

(Typed or printed name of signee)