

M09000001779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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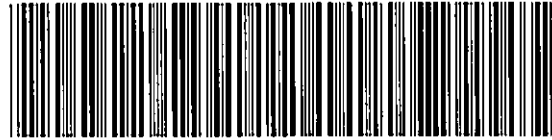
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY  
AUG - 2 2017

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

ACCOUNT NO. : I20000000195  
REFERENCE : 749266 4319314  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : August 1, 2017  
ORDER TIME : 11:59 AM  
ORDER NO. : 749266-080  
CUSTOMER NO: 4319314

FOREIGN FILINGS

NAME: WALGREEN MEDICAL SUPPLY,  
LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

FILED  
2017 AUG -1 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Walgreen Medical Supply, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

May 12, 2009

(Date registered with Florida Department of State)

M09000001779

(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.)

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(Signature of authorized representative)

WH

Collin Smyser, Secretary of Walgreen Co., sole member

(Typed or printed name of signee)

Filing Fee: \$25.00