

1710000003873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900289994579

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP 14 A 8:39

FILED

RECEIVED  
DEPARTMENT OF STATE  
16 SEP 14 AHID:56

S Warren

SEP 15 2016

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

ACCOUNT NO. : I20000000195

REFERENCE : 290005 7928165

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : September 13, 2016

ORDER TIME : 9:0 AM

ORDER NO. : 290005-030

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: RED OAK PHARMACY PARTNERS, LLC

       CORPORATE  
       LIMITED PARTNERSHIP  
XXX 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: Courtney Williams - EXT# 62935

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Red Oak Pharmacy Partners, 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:

Kimberly Ruggiero

(Name of Person)

Health Care Navigator, LLC

(Firm/Company)

4 West Red Oak Lane, Suite 201

(Address)

White Plains, NY 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero

(Name of Person)

at ( 914 ) 390-4325  
(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

Red Oak Pharmacy Partners, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


08/31/2010

(Date registered with Florida Department of State)

M10000003873

(Florida Document Number)

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

  
(Signature of authorized representative)

Eric Roth

(Typed or printed name of signee)

Filing Fee: \$25.00

2010 SEP 14 A 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED