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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

(614)280-3338

Fax Number

(954)208-0845

LLC DISSOLUTION OR WITHDRAWAL PILL STAT RX, L.L.C.

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pill Stat Rx, L.L.C. (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:		
Holly Griespie		
(Name of Person)		
Pill Stat Rx, L. L.C. (Firm/Company)		
(Firm/Company)		
6970 Corporate Drive		
Indianapolis, IN 46278 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Holly Gillespre at 317 829-0550 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Pin Stat Ry LLC. (Name of limited liability company)		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)	,	
(Date registered with Florida Department of State)		
(Date registered with Florida Dopartment of State)	क्ते.	
M1000004829)30 ei	社会
(Florida Document Number)	1	
This limited liability company is withdrawing its certificate of authority in this state.	7 PM	7 CG 6
Montoussa	PM 2: 05	LORID
(Signature of authorized representative)		-
Holly Gillespie		
(Typed or printed name of signee)		

Filing Fee: \$25.00