

M1100004693

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Bottomline

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bottomline Medical Solutions, 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:

Karen Pineda

(Name of Person)

McKesson Corporation

(Firm/Company)

One Post Street

(Address)

San Francisco, CA 94104

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Pineda

(Name of Person)

415

983-8919

at ()

(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

Bottomline Medical Solutions LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

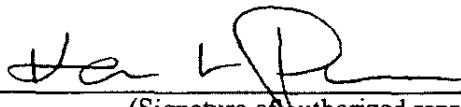
Sept 19, 2011

(Date registered with Florida Department of State)

M11000004693

(Florida Document Number)

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



(Signature of authorized representative)

Karen M. Pineda

(Typed or printed name of signee)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00