

M12000000051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

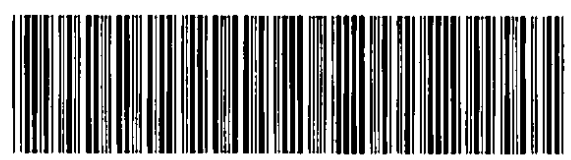
(Business Entity Name)

(Document Number)

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100415613731

LLC withdrawal

FILED
2023 SEP 27 AM 8:50
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
NINTH JUDICIAL CIRCUIT
FLORIDA

A. RAMSEY

SEP 28 2023

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2023 SEP 27 PM 1:52
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 09/27/2023

NAME: PRIME THERAPEUTICS SPECIALTY PHARMACY LLC

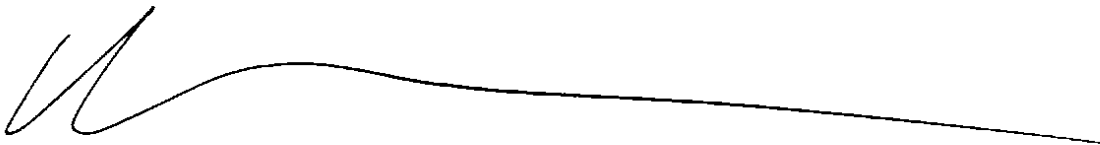
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AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M1200000051 - Prime Therapeutics Specialty Pharmacy 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:

Kim Andrews, Entity Manager

(Name of Person)

Walgreens Boots Alliance, Inc.

(Firm/Company)

104 Wilmot Road, MS 144E

(Address)

Deerfield, Illinois 60015

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Andrews

847

527-7081

at (

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

FILED

2023 SEP 27 AM 8:50

CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Prime Therapeutics Specialty Pharmacy LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

1/4/2012

(Date registered with Florida Department of State)

M12000000051

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Tracey James, Chief Operating Officer

(Typed or printed name of signee)

Filing Fee: \$25.00