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

ACCOUNT NO. : I2000000195

REFERENCE: 110131 5017647

AUTHORIZATION :

COST LIMIT : \$\int 25.00

ORDER DATE: April 20, 2016

ORDER TIME : 12:34 PM

ORDER NO. : 110131-060

CUSTOMER NO: 5017647

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NAME: MEDCO RESEARCH INSTITUTE,

L.L.C.

_ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

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CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

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| | Medc | o Research Institute, | L.L.C. | |
| (Name of Foreign Limited Liability Company) | | | | |
| Dear Sir or N | Madam: | | | |
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| Registration Section Division of Corporations | | Registration Section Division of Corporations | | |
| Clifton Building | | P.O. Box 6327 | | |
| 266 | l Execut | tive Center Circle Florida 32301 | Tallaha | assee, Florida 32314 |
| Enclosed is | a check | for the following amount: | | |
| 2 \$25 Filing | g Fec | ☐ \$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

| Medco Research Institute, L.L.C. |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| May 2, 2012 |
| (Date registered with Florida Department of State) |
| M12000002445 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) Joseph Satorius |
| (Typed or printed name of signee) |

Filing Fee: \$25.00

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