

MI2000005623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

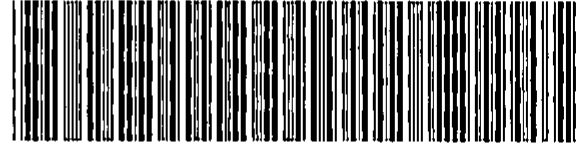
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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NOV 20 2020

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 11/19/2020

Acc#120160000072

en: c DW

Name:	CONCEPTION PHARMACY, LLC
Document #:	
Order #:	13234377 - 11

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCEPTION 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:

Monika Veleva

(Name of Person)

(Firm/Company)

6750 West Loop South, Suite 395

(Address)

Bellaire, Texas 77401

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Torchedlo

312

288-3522

at (

(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
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

CONCEPTION PHARMACY, LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

10/08/2012

(Date registered with Florida Department of State)

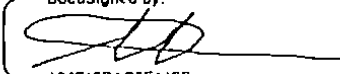
M12000005623

(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.

DocuSigned by:

A37F12DAC0E14FF...

(Signature of authorized representative)

Matthew K. Maruca, General Counsel

(Typed or printed name of signee)

2020 NOV 19 AM 8:44

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Filing Fee: \$25.00