

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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14 DEC 10 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC DISSOLUTION OR WITHDRAWAL
AMNEAL-AGILA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

FILED
14 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amneal-Agila, 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:

Despina Starakis
(Name of Person)

Amneal-Agila, LLC
(Firm/Company)

400 Crossing Boulevard, Third Floor
(Address)

Bridgewater, New Jersey 08807-2863
(City/State and Zip Code)

For further information concerning this matter, please call:

Despina Starakis at 908 409-6827
(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

Amneal-Agila, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

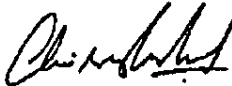
December 6, 2012

(Date registered with Florida Department of State)

M1200006791

(Florida Document Number)

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



(Signature of authorized representative)

Chirag Patel

(Typed or printed name of signee)

Filing Fee: \$25.00

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14 DEC 10 AM 8:00
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TALLAHASSEE, FLORIDA