M12000007018

(Re	questor's Name)	<u> </u>
(Ad	dress)	<u> </u>
(Ad	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	 WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



100273033861

05/18/15--01053--009 **25.00

15 HAY 18 PH 3: 12 SECNATION OF STATE



Walgreen Co.
Corporate, M&A and Securities Law
104 Wilmot Road, MS-1455
Deerfield, Illinois 60015
Writer's Ph: 847-315-4305
Fax: 847-315-4464
Walgreens.com

May 12, 2015

Dear Sir or Madam,

Attached please find the form and instructions to withdraw and cancel the certificate of authority of a foreign limited liability company for the State of Florida for the withdrawal of ACCOUNTABLE CARE NETWORK OF FLORIDA, LLC. Enclosed you will find the original executed form and a copy, as well as a check for \$25.00 for the filing fees. Please mail or fax a filed copy.

If you have any questions, please contact me via email or by phone.

Sincerely,

Jaimie Baker (847) 315-4305

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Accountable Care Network of Florida, LLC (Name of Foreign Limited Liability Company)			
SUBJECT.				
Dear Sir or N	Madam:			
The enclosed	d withdrawal and fee(s) are submitted for filing.			
Please return	all correspondence concerning this matter to the following	owing:		
Jaimie Ba	aker			
	(Name of Person)			
Walgreen Co.				
	(Firm/Company)			
104 Wilm	not Road			
	(Address)			
Deerfield, IL 60015				
	(City/State and Zip Code)			
For further information concerning this matter, please call: at (847) 315-4305				
		Code & Daytime Telephone Number)		
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, 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	g Fee \$\square\$ \$30 Filing Fee & \$\square\$ \$55 Filing F Certificate of Status Certified Co			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Accountable Care Network of Florida, LLC		
(Na	me of limited liability company)	
Delaware		
(3	Jurisdiction of its organization)	
6/6/2012		
(Date regis	stered with Florida Department of State)	
M12000007018		
	(Florida Document Number)	
This limited liability commons is su	ith drawing its partificate of authority in this state	

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

(Signature of authorized representative)

John Mann

(Typed or printed name of signee)



Filing Fee: \$25.00