

M13000007152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

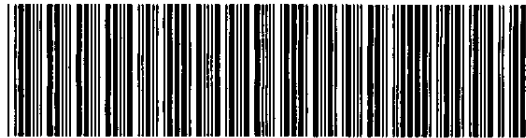
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only



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FILED

2015 OCT -8 P 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 09 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2015

TRACY WARD
2601 SCOTT AVENUE, SUITE 600
FORT WORTH, TX 76103

SUBJECT: OPUS-ISM, LLC
Ref. Number: M13000007152

We have received your document for OPUS-ISM, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 415A00017438

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OPUS-ISM, 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:

Tracy Ward

(Name of Person)

Lagniappe Pharmacy Services

(Firm/Company)

2601 Scott Avenue, Suite 600

(Address)

Fort Worth, TX 76103

(City/State and Zip Code)

For further information concerning this matter, please call:

Tracy Ward

(Name of Person)

817

at (

406-0859

) (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

OPUS-ISM, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

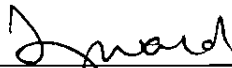
November 12, 2013

(Date registered with Florida Department of State)

M13000007152

(Florida Document Number)

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



(Signature of authorized representative)

Tracy Ward

(Typed or printed name of signee)

Filing Fee: \$25.00

2015 OCT -8 P 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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