

1/10/2017

Division of Corporations

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL

KINRAY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2017 JAN 13 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 JAN 13 AM 8:51
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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O SIMMONS
JAN 17 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kinray, 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:

Samantha Bourdette

(Name of Person)

Kinray, LLC

(Firm/Company)

7000 Cardinal Place

(Address)

Dublin, OH 43017

(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha Bourdette

(Name of Person)

614

at (

757-8204

) (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

Kinray, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

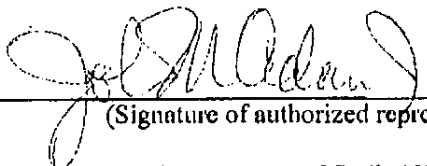
01/21/2014

(Date registered with Florida Department of State)

M14000000496

(Florida Document Number)

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



(Signature of authorized representative)

John M. Adams, Jr., Assistant Secretary of Cardinal Health, Inc., Sole Member

(Typed or printed name of signee)

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DIVISION OF CORPORATE REGISTRATION

Filing Fee: \$25.00