

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 : (614) 280-3338
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
OMNICARE DISTRIBUTION CENTER LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

2017 MAR 23 PM 2:52

ALLAHADISE, FLORIDA

17 MAR 09 AM 11:14
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MAR 24 2017

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PLEASE HONOR ORIGINAL DATE 03-09-17

850-617-6381

3/10/2017 10:10:38 AM PAGE 1/001 Fax Server



March 10, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

OMNICARE DISTRIBUTION CENTER LLC
201 E 4TH ST
STE 900
CINCINNATI, OH 45202US

SUBJECT: OMNICARE DISTRIBUTION CENTER LLC
REF: M14000007279

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

WRONG FORM USED - NEED WITHDRAWAL FOR LLC NOT CORPORATION

Please return your document, along with a copy of this letter, within 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 Warren
Regulatory Specialist II

FAX Aud. #: H17000065779
Letter Number: 617A00004627

17 MAR 09 15
RECEIVED
FIDELITY INVESTMENT CORP.

PLEASE HONOR ORIGINAL DATE 03-09-17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Omnicare Distribution Center 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:

Cecilie Temple

(Name of Person)

Omnicare Distribution Center LLC

(Firm/Company)

900 Omnicare Center 201 E. 4th Street

(Address)

Cincinnati, OH 45202

(City/State and Zip Code)

For further information concerning this matter, please call:

Cecilie Temple

(Name of Person)

at

513 719-1535

(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Omnicare Distribution Center LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/08/2014

(Date registered with Florida Department of State)

M14000007279

(Florida Document Number)

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

Cecilia Temple

(Signature of authorized representative)

Cecilia Temple, Assistant Secretary

(Typed or printed name of signee)

17 MAR 09 AM 2:16
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00