## 1715000006265

(	Requestor's Name)	
	Address)	<del></del>
`	, 133, 033,	
	Address)	
	City (Discount)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(	Business Entity Name)	
	Document Number)	
·	,	
Certified Copies	Certificates of	Status
Special Instructions to f	Filing Officer:	
L		

Office Use Only



100413368671

LLC WHAdrawa



A. RAMSEY AUG - 9 2023 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 9241637 2829654

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: August 7, 2023

ORDER TIME: 8:0 AM

ORDER NO. : 924137-040

CUSTOMER NO: 8296544

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## FOREIGN FILINGS

NAME: PHARMAPPS, LLC

\_\_\_\_ CORPORATE

\_ LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## **COVER LETTER**

_	istration ision of C	Section Corporations		
SUBJECT:	PharmA	apps, LLC		
SOBJECT.		(Name of For	eign Limited Liability	(Company)
Dear Sir or M	fadam:			
The enclosed	l withdray	val and fec(s) are submitte	d for filing.	
Please return	all corre	spondence concerning this	matter to the followir	ıg:
Kathleen Tu	urland			
		(Name of Person)		_
PharnApps,	LLC			
		(Firm/Company)		_
201 Jones f	Road, 3r	d Floor East		
		(Address)	-	_
Waltham, M	IA 02451	l		
		(City/State and Zip Cod	e)	_
For further in	iformatio	n concerning this matter, p	lease call:	
Kathleen Tu	ırland		617 at (	530-0224
	(Nan	ne of Person)		& Daytime Telephone Number)
Reg Div P.O	rision of D. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check fo	or 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

FILED 2023 AUG-8 AM 9: 11

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PharmApps, LLC	
	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
08/07/2015	
	(Date registered with Florida Department of State)
M15000006265	
	(Florida Document Number)
(If an effective da more than 90 day <b>Note:</b> If the date	fother than the date of filing: 08/07/2023 (optional) ate is listed, the date must be specific and cannot be prior to date of filing or ys after filing.) inserted in this block does not meet the applicable statutory filing requirements, be listed as the document's effective date on the Department of State's records.  (Signature of authorized representative)
G	lenn Renzulli, CFO
	(Typed or printed name of signee)

Filing Fee: \$25.00