## 1418000002053

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	<u></u>
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<u> </u>	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 596769 7837111 AUTHORIZATION : COST LIMIT : ORDER DATE: January 5, 2021 ORDER TIME : 1:23 PM ORDER NO. : 596769-005 CUSTOMER NO: 7837111 FOREIGN FILINGS NAME: LILLY DISTRIBUTION, LLC \_\_ CORPORATE \_\_\_ LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lilly Distribution	on, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
2/28/2018		, •
	(Date registered with Florida Department of State)	·
M1800000205	53 <b>2 2</b>	$\ddot{o}$
	(Florida Document Number)	
Effective Date (If an effective more than 90 Note: If the d	liability company is withdrawing its certificate of authority in this state.  te. if other than the date of filing:	ڏ
	(Signature of authorized representative)	
	Craig F. Reynolds	
	(Typed or printed name of signee)	

Filing Fee: \$25.00