

M18000005556

(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:

Office Use Only



000435217560

RECEIVED

2024 DEC -2 AM 11:07

NOT RECORDED  
DATE

GA

7

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/02/2024

Acc#I20160000072

*en: c dff*

Name:	Accurate Rx Pharmacy Consulting, LLC
Document #:	
Order #:	15909459

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notification:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

4-2012-2 11:00

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Accurate Rx Pharmacy Consulting, LLC

\_\_\_\_\_  
(Name of limited liability company)

Missouri

\_\_\_\_\_  
(Jurisdiction of its organization)

06/08/2018

\_\_\_\_\_  
(Date registered with Florida Department of State)

M1800005556

\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Erin A. Satterwhite

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**