M18000008002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JAN 31 AM 10:19
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

O SIMMONS

FEB 01 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 443449 7380A

AUTHORIZATION :

COST LIMIT : $25.00

ORDER DATE : January 31, 2022

ORDER TIME : 2:26 PM

ORDER NO. : 443449-015

CUSTOMER NO: 7380A

FOREIGN FILINGS

NAME: PF CONSUMER HEALTHCARE 1 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PF CONSUMER HEALTHCARE 1 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:

Hatixhe Hoxha
(Name of Person)

GlaxoSmithKline
(Firm/Company)

5 Crescent Drive
(Address)

Philadelphia PA 19112
(City/State and Zip Code)

For further information concerning this matter, please call:

Hatixhe Hoxha at (888) 825-5249
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED

2022 JAN 31 AM 10:19

SECRETARY OF STATE
TALLAHASSEE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PF CONSUMER HEALTHCARE 1 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

8/30/2018

(Date registered with Florida Department of State)

M18000008002

(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.

Hatixhe Hoxha

(Signature of authorized representative)

Hatixhe Hoxha, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: $25.00