

M 18000011669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 JAN 25 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC
Withdrawal

JAN 26 2022

D CONNELL

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

ACCOUNT NO. : I20000000195

REFERENCE : 377946 8139763

AUTHORIZATION :

COST LIMIT : \$ 300.00

ORDER DATE : January 13, 2022

ORDER TIME : 10:19 AM

ORDER NO. : 377946-045

CUSTOMER NO: 8139763

FOREIGN FILINGS

NAME: VFC PHARMACY #101, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☒ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VFC Pharmacy #101, 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:

Geoff Hadam

(Name of Person)

Covetrus, Inc

(Firm/Company)

7 Custom House Street, 2nd Floor

(Address)

Portland, ME 04101

(City/State and Zip Code)

For further information concerning this matter, please call:

Geoff Hadam

207 405-7011
at ()
(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VFC Pharmacy #101, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 27, 2018

(Date registered with Florida Department of State)

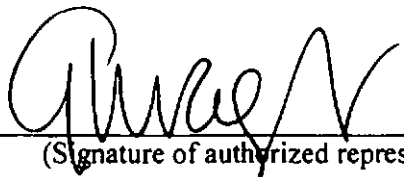
M18000011669

(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)

Georgia Wright, as President

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA