

M99000001453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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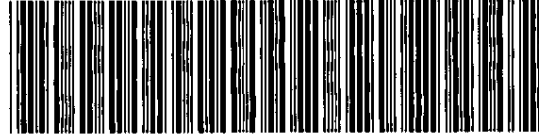
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE

APR 18 2016

J SHIVERS

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

ACCOUNT NO. : I20000000195

REFERENCE : 105401 5124708

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : April 15, 2016

ORDER TIME : 3:05 PM

ORDER NO. : 105401-010

CUSTOMER NO: 5124708

FOREIGN FILINGS

NAME: OMNICARE PHARMACY OF  
TENNESSEE, 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: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Omnicare Pharmacy of Tennessee, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

9/13/1999

(Date registered with Florida Department of State)

M99000001453

(Florida Document Number)

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

*Cecilia Temple*

(Signature of authorized representative)

Cecilia Temple

(Typed or printed name of signee)

FILED  
16 APR 15 AM 8:04  
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TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**