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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850) 222-1092

Phone Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL CARDINAL HEALTH 110, INC.

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1/3/2014

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Cardinal Health 110, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: P40760	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning matter to the following:	g this
Nadia Polian	Idro
	(Name of Person)
Cardinal He	eith
	(Firm/Company)
7000 Cardi	nal Ptace
	(Address)
Dublin, OH	43017
(6	City/State and Zip code)
For further information concerning this man	tter, please call:
Nadia Poliandro	at (614) 757-5382
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$\Bigcup\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee, Certified Copy Certificate of Status & Certified (Additional copy is Enclosed) □\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

Cardinal Health 110, Inc.

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

(if known)
of)
affairs within the State of Florida and hereby
affairs in Florida.
Florida to accept service on its behalf and ess based on a cause of action arising during a Florida.
14 1
1
—————————————————————————————————————
PH II: 47
ure of any change in its mailing address.
01/01/14
/ (Date)
Senior Vice President & Treasurer
(Title of person signing)

FILING FEE S35