

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: US Alliance Pharmaceuticals, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L06000109616

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arash Jabbari
Name of Person

US Alliance Pharmaceuticals, LLC
Name of Firm/Company

1717 N. Bayshore Dr. Ste #106
Address

Miami FL 33132
City/State and Zip Code

jabbari1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arash Jabbari at (786) 368-3226
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jamshid Jabbari _____, hereby resigns as
Name of Registered Agent

Registered Agent for US Alliance Pharmaceuticals, LLC
Name of Limited Liability Company

L06000109616
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is file

(JABBAR)
Signature of Resigning Agent

If signing on behalf of an entity:

Jamshid JABBAR
Typed or Printed Name
Resigning Agent
Capacity

FILED
2019 JUN 24 AM 9:36
TALLAHASSEE - FLORIDA

FILING FEES:

- \$ 85.00 Active limited liability company
- \$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314