L07000005759

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Resign.

TR JUN 23 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Advanced Pharma Clinical Research, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L07000005759

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:

Samantha Amaba
Name of Person

Advanced Pharma
Name of Firm/Company

13055 SW 42nd Street, Suite 108
Address

Miami, FL 33175
City/State and Zip Code

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

For further information concerning this matter, please call:

Samantha Amaba at (305) 220-2727
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$85.00 for an active limited liability company or $25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

FILED
2008 JUN 22 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Samantha Amaba, hereby resigns as
Name of Registered Agent

Registered Agent for Advanced Pharma Clinical Research LLC
Name of Limited Liability Company

L07000005759
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 filed.

Signature of Resigning Agent

If signing on behalf of an entity:

Samantha Amaba
Typed or Printed Name

Manager
Capacity

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$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

INHS17 (08/05)