

L220000034440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

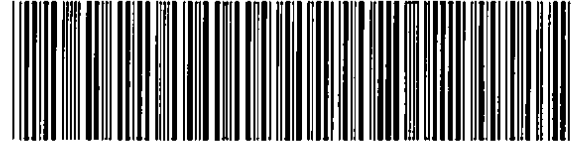
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300396612823

Resignation or
dissociation of
Member/manager

2022 NOV -3 AM 8:33

FILED

2022 NOV -2 PM 4:20

A. RAMSEY

NOV 04 2022

* 02250, 00524, 00767

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 35. ✓

AUTHORIZATION SIGNATURE: James Full

Metropolitan Drugs LLC

BUSINESS (Name)

Document #

Walk in Pick up time

Mail out Will wait

Photocopy

Certified Copy of Organization (please stamp each page)

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**
- AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Statement of Partnership
- Reinstatement
- Statement of Authority

APOSTIL()
Country

Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2022

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: METROPOLITAN DRUGS L.L.C
Ref. Number: L22000034440

We have received your document for METROPOLITAN DRUGS L.L.C and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a Florida profit corporation and your entity is a Florida limited liability company.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6823.

Annette Ramsey
OPS

Letter Number: 322A00024706

RECEIVED
2022 NOV -3 PM 12: 22
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUSHAM ABDEL MAGEED RESIGNATION FROM METROPOLITAN DRUGS LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HUSHAM ABDEL MAGEED

(Contact Person)

METROPOLITAN DRUGS LLC

(Firm/Company)

3445 BERKELEY ST. APT#304

(Address)

ALEXANDRIA, VA 22302

(City/State and Zip Code)

For further information concerning this matter, please call:

HUSHAM ABDEL MAGEED

(Name of Contact Person)

at (571) 2659212

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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



FILED

2022 NOV -3 AM 8:33

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: METROPOLITAN DRUGS LLC

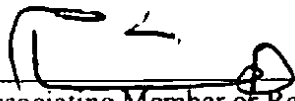
2. The Florida document/registration number assigned to this limited liability company is:
L22000034440

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nov/03/2022

4. I, HUSHAM ABDEL MAGEED, hereby withdraw/resign as a
(Print Name of Person Resigning)

GMR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)