

F18000003470  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: cls-agentresignations@wolterskluwer.com

LLC REGISTERED AGENT RESIGNATION  
PHARMACY DEVELOPMENT SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

2024 JAN 17 AM 11:33

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2024 JAN 17 PM 4:00  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

K. SALY

JAN 18 2024

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

CT CORPORATION SYSTEM

Name of Registered Agent

, hereby resigns as

Registered Agent for PHARMACY DEVELOPMENT SERVICES LLC

Name of Limited Liability Company

F18000003470

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.

*Nancy Helm-Brown*

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

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\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company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

FILED  
2024 JAN 17 PM 4:00  
TALLAHASSEE, FL  
JAN 17 2024