

L02 0000 220 66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RECEIVED
TALLAHASSEE, FLORIDA

5/17
just

Gabriel Delgado

4945 SW 74th CT
Miami FL 33155
(786) 255-5705

Via US Mail

May 6, 2004

Florida Department of State
Division of Corporation
PO BOX 6327
Tallahassee FL 32314

Re: Document Number L 02000022066 Total Pharmacy Services of Florida LLC

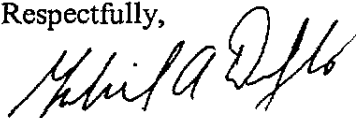
To Whom It May Concern:

Please note that I resigned from the above mentioned LLC on October 24, 2003. In reviewing my status on line I found that I continue to appear as a Managing Member of Total Pharmacy Services of Florida LLC. Please find enclosed a copy of my original resignation.

After contacting your help line I was instructed to download a Resignation of Member, Managing Member or Manager form, complete the form and file it with a \$25.00 fee. Please find check number 4000 for twenty five dollars (\$25.00).

Thank you, for your help in this matter. If you have any questions please contact me at (786) 255-5705.

Respectfully,



Gabriel Delgado

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, GABRIEL DELGADO, hereby resign as Manager member
(Title)
of Total Pharmacy Services of Florida,
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA,

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

MARILYN A. OFFER MGRM
(Signature of resigning manager, managing member or member)

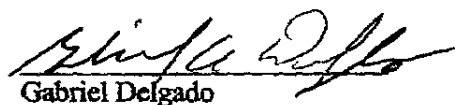
FILING FEE IS \$25.00

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Resignation

I, Gabriel Delgado, effective October 24, 2003, resign my position as Manager of Total Pharmacy Services of Florida, LLC, Document Number L02000022066. By this resignation, I am severing all of my ties to Total Pharmacy Services of Florida, LLC and I therefore request that my name be removed from the records on file with the State of Florida relating to Total Pharmacy Services of Florida, LLC.


Gabriel Delgado

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA