

L04 0000012500

(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



400138027944

11/19/08--01014--010 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 19 PM 1:44

J. BRYAN

NOV 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE PHARMACY SERVICE, LTD. CO
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

MRS. PATRICIA FOSU
(Contact Person)

SUNSHINE PHARMACY SERVICE, LTD. CO
(Firm/Company)

11414 GYPRESS BAY STREET
(Address)

CLERMONT, FL 34711
(City/State and Zip Code)

For further information concerning this matter, please call:

MRS. PATRICIA FOSU at (321) 947-5847
(Name of Contact Person) (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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 NOV 19 PM 1:44

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: SUNSHINE PHARMACY SERVICES, LTD. CO

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L04000012500

4. I, DR. KWAME FOSU, hereby resign as a PRESIDENT/MGR
(Print Name of Person Resigning) (Print Title)

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

Signature of Resigning Member, Managing Member or Manager

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

FILED
08 NOV 19 PM 1:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS