

2040000/6259

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Number : I20010000078
Phone : (407) 843-8880
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LLC REGISTERED AGENT RESIGNATION
MED EX PHARMACY SERVICES, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

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

William A. Boyles

Name of Registered Agent

, hereby resigns as

Registered Agent for MED EX PHARMACY SERVICES, LLC


Name of Limited Liability Company

L04000016259

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:

Typed or Printed Name

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\$ 25.00	Administratively dissolved/voluntarily dissolved/ withdrawn limited liability company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