

L04000021593

90 Barrington Murray, Dr.  
(Requestor's Name)

660 North State Road 7, Suite 3  
(Address)

Plantation, Fl 33317  
(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

204200  
6-10-05

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

BARRINGTON MURRAY, hereby resigns as  
(Name of Registered Agent)

Registered Agent for CADUCEUS PHARMACY, LLC  
(Name of Limited Liability Company)

LO 4000021593  
(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.

If signing on behalf of an entity:

[Signature]  
(Signature of Resigning Agent)

(Typed or Printed Name)

(Capacity)

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TALLAHASSEE, FLORIDA

### 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withdrawn limited liability company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