

L04000062834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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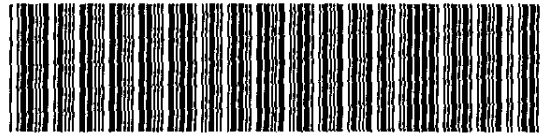
(Business Entity Name)

(Document Number)

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11/03/04

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PHARMAGEN Technologies LLC  
(Name of Corporation)

DOCUMENT NUMBER: L04000062834

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

WOLF SHLAGMAN

(Name of Person)

PHARMAGEN Technologies LLC

(Name of Firm/Company)

5815 SW 45 TERR

(Address)

MIAMI FLORIDA 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

MAREW CHNITO

(Name of Person)

at ( 305 ) 753-0000

(Area Code & Daytime Telephone Number)

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STATE  
TALLAHASSEE, FLORIDA

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 27, 2004

WOLF SHLAGMAN  
PHARMAGEN TECHNOLOGIES LLC  
5815 SW 45 TERR  
MIAMI, FL 33135

SUBJECT: PHARMAGEN TECHNOLOGIES LLC  
Ref. Number: L04000062834

We have received your document for PHARMAGEN TECHNOLOGIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Enclosed is the proper form for your LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 804A00061852

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STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Andrew M. CHINIGO, hereby resign as MANAGER / member  
(Title)

of PHARMAGEN TECHNOLOGIES LLC  
(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.



(Signature of resigning manager, managing member or member)

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**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