10500049311

· (Re	equestor's Name)		
(Ac	ddress)		
(Ad	ddress)		
(Ci	ity/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL	
(Bı	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
٠			
		$ \emptyset $	

Office Use Only



800155584818

05/08/09--01036--015 **100.00

FILED

09 MAY -8 PH 2: 45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 11 2009

EXAMINER

May 4, 2009

RE:	PHARMACY XPRESS OF FLORIDA, L.L.C.	(FL. DOM.)
	RENAISSANCE BROADBAND LLC	(CO. DOM.)
	REPUBLIC INTEGRAL, LLC	(FL. DOM.)
	REPUBLIC – WPB LLC	(FL. DOM.)

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam:

We enclose resignation executed in duplicate, by the agent for service of process for each of the above corporations. Also enclosed is 1 checks in the amount of \$100.00 to cover the required filing fee.

Very truly yours,

C T CORPORATION SYSTEM

Theresa Alfieri

Theresa Alfieri Senior Supervisor & Assistant Secretary

TA/hm Enclosure FILED

09 MAY -8 PH 2: 45

SECRETARY OF STATE
TALLAHASSEE F. STATE

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 608.416(2) or 608.509, Florida S	tatutes, the undersigned,	
C T CORPORATION SYSTEM		, hereby resigns as	
	(Name of Registered Agent)		
Registered Agent for _	PHARMACY XPRESS OF FLORIDA, L.L.	C. (FL. DOM.)	
	(Name of Limited Liability Company)	,	
L05000049311			
(Document Nu	mber, if known)		
A copy of this resignat	ion was mailed to the above listed limited liabil	lity company at its last known address.	
The agency is terminat If signing on behalf of	(Signature of Resigning Agent)	after the date on which this statement is filed.	
	C T CORPORATION SYSTEM - Theresa	Alfieri Zy. o	
	(Typed or Printed Name) ASSISTANT SECRETARY	O9 MAY	
	(Capacity)	-8 SSEE	
	FILING FEES: \$ 85.00 Active limited liability \$ 25.00 Administratively dissorbited withdrawn limited liability	olved/ voluntarily dissolved/	

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