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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2006

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUPER SAVER PHARMACY, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEVAN MATHURA  
(Name of Person)

SUPER SAVER PHARMACY, LLC  
(Firm/Company)

4433 LAKE CALABAY DR  
(Address)

ORLANDO FL 32837  
(City/State and Zip Code)

For further information concerning this matter, please call:

DEVAN MATHURA at ( 407 ) 343-1230  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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

I, CHARLENE MATHURA, hereby resign as a Manager  
(Title)

of SUPER SAVER PHARMACY, 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.

Charlene Mathura  
(Signature of resigning manager, managing member or member)

**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