

106000033488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

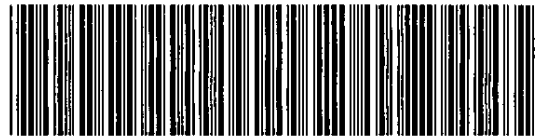
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TALLAHASSEE, FLORIDA

M. THOMAS

JUL 10 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A & J RX, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

AJAY PATEL J  
(Contact Person)

A & J RX, LLC  
(Firm/Company)

5380 GULF OF MEXICO DRV UNIT #101  
(Address)

LONGBOAT KEY, FL. 34228  
(City/State and Zip Code)

For further information concerning this matter, please call:

AJAY PATEL J at (941) 387-9880  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee &  
Certified Copy

**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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: A 2 J R X, LLC

2. This limited liability company was organized under the laws of:

FLORIDA

3. The Florida document/registration number of this limited liability company is:

L06000033488

4. I, SWEETY PATEL, hereby resign as a MEMBER  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

S. Patel. 7/13/2009  
Signature of Resigning Member, Managing Member or Manager

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2009 JUL -9 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)