L06000085265

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SOMERSET CORPORATE SERVICES
Account Number : I20160000077
Phone : (305)602-0397
Fax Number : (786)513-2618

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mrodriguez@aguilar-firm.com

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CADUCEUS PHARMACY II, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CADUCEUS PHARMACY II, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Anette Yelin
(Contact Person)

Lubell|Rosen
(Firm/Company)

1 Alhambra Plaza, Suite 1410
(Address)

Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Anette Yelin at (305) 655-3425
(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

CR2E079 (2/14)

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Caduceus Pharmacy II, LLC

2. The Florida document/registration number assigned to this limited liability company is: L06000085265

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 17, 2016

4. I, Medical Equipment Distribution Services LLC, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member
(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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