

# L060000109616

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(City/State/Zip/Phone #)

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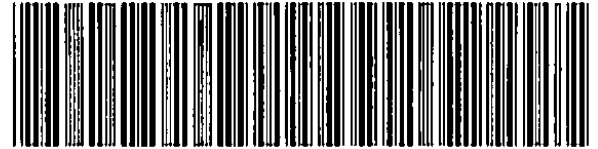
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(Business Entity Name)

\_\_\_\_\_  
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# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** US Alliance Pharmaceuticals, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L06000109616

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arash Jabbari

Name of Person

US Alliance Pharmaceuticals, LLC

Name of Firm/Company

1717 N. Bayshore Dr. Ste #106

Address

Miami FL 33132

City/State and Zip Code

jabbari1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arash Jabbari

Name of Person

at ( 786 ) 368-3226  
Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Jamshid Jabbari, hereby resigns as  
Name of Registered Agent

Registered Agent for US Alliance Pharmaceuticals, LLC

Name of Limited Liability Company

L06000109616

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is file

(JABBAR)  
Signature of Resigning Agent

If signing on behalf of an entity:

Jamshid JABBAR

Typed or Printed Name

Resigning Agent  
Capacity

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## **FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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