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	Account Number :	120160000017	
	Phone :	(855)498-5500	
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30	<u>.</u> Ent	er the email address for this business entity to be used for future
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7.11 ID:		Email Address:
	1,.1	
A 15 2		LLC REGISTERED AGENT RESIGNATION
198		NAVARRO DISCOUNT PHARMACIES, LLC.
	Li	

REGISTERED AGENT RESIGNATION RRO DISCOUNT PHARMACIES, LLC.

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provi-	sions of section 605.0115, Florida Statutes, the un	ndersigned,		
MBF HEALTHCARE PARTNERS, L.P.		, hereby resigns as		
	Name of Registered Agent	, nelecty lesigns as		
Registered Agent for	NAVARRO DISCOUNT PHARMACIES, LLC		•	
	Name of Limited Liability Company		- →	
L06000121860				
Document	Number, if known			
	ation was mailed to the above listed limited liabil ated and the office discontinued on the 31st day a Signature of Resigning Age	ifter the date on which this statement i		: Anderson
If signing on behalf of an entity:		*** **********************************	UG 21	
	Jorge Rico		7 P	17.
	Typed or Printed Name Authorized Person	1 0800 1 0800 	3: 28	\Box

FILING FEES:

885.00 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25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company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

INHS17 (2/14)