

LD7000091079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

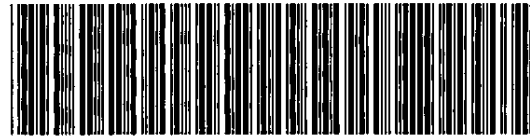
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TALLAHASSEE, FLORIDA

D. SCOTT
APR 6 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Pharmacy Of Temple Terrace 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:

Yvonne Okeke

(Contact Person)

Superior Pharmacy Of Temple Terrace

(Firm/Company)

5671 E. Fowler Ave #215

(Address)

Temple Terrace FL 33617

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Okeke

at (813) 368-4873
(Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

**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: Superior Pharmacy Of Temple Terrace LLC
2. The Florida document/registration number assigned to this limited liability company is:
L07000091079
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Jan 19th 2017
4. I, Dipak Patel, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member, Prana Assets LLP
(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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TALLAHASSEE, FLORIDA