

208000032866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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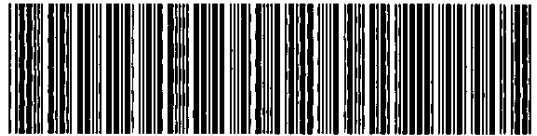
(Business Entity Name)

(Document Number)

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09 OCT -1 AM 9:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RA Resign  
Tellers  
10-8-09

**MICHAEL D. TIDWELL**  
**ATTORNEY AT LAW**

811 N. SPRING STREET

PENSACOLA, FL 32501

PHONE 850-434-3223

FAX 850-434-3822

E-MAIL - MTIDWELL@EMERALDCOASTTITLE.COM

September 29, 2009

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

RE: Gulf Breeze Apothecary, LLC

To Whom It May Concern:

Enclosed please the original Cover Letter, Resignation of Registered Agent for a Limited Liability Company, and a check in the amount of \$85.00 for the filing fee.

If you have any questions or concerns regarding the enclosures provided, please call me at 850-434-3223.

Very truly yours,



Michele St Louis  
Legal Assistant to Michael D. Tidwell, Esq.

/msl

Enclosure

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Gulf Breeze Apothecary, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Sharon Sims  
Name of Person

SIMS PHARMACY, LLC  
Name of Firm/Company

2742-A Gulf Breeze Parkway  
Address

Gulf Breeze, Florida 32563  
City/State and Zip Code

kcssjs@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Sims at ( 850 ) 343-1660  
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Michael Price

Name of Registered Agent

, hereby resigns as

Registered Agent for Gulf Breeze Apothecary, LLC

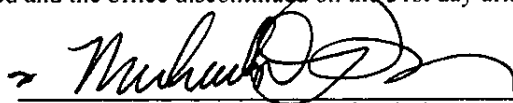
Name of Limited Liability Company

LD8 000032866

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 filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Michael Price

Typed or Printed Name

Capacity

### **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

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