

108000082975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300210828693

08/10/11--01018--016 **85.00

FILED

Aug 08, 2011 08:00 AM

Secretary of State

D. BRUCE

AUG 11 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Discount Pharmacy of Pines
Name of Limited Liability Company

DOCUMENT NUMBER: L08000082975

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:

Jordan Truxell
Name of Person

Discount Pharmacy of Pines
Name of Firm/Company

12201 Pembroke Rd.
Address

Pembroke Pines FL 33025
City/State and Zip Code

discountpharmacyofpines@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jordan Truxell at (954) 885-4285
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FILED
Aug 08, 2011 08:00 AM
Secretary of State

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,

Ali Lovins, hereby resigns as
Name of Registered Agent

Registered Agent for Discount Pharmacy of Pines LLC
Name of Limited Liability Company

L08000082975
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.

Ali Lovins
Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dis withdrawn limited liability company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 (08/05)

FILED
Aug 08, 2011 08:00 AM
Secretary of State