

L08000101000

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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J. SAULSBERRY  
EXAMINER

APR 12 2011

*Wang*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pride Pharmacy, LLC  
(Name of Corporation)

**DOCUMENT NUMBER:** L08000101000

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Paul K. Schrier

(Name of Person)

Paul K. Schrier

(Name of Firm/Company)

11098 Biscayne Boulevard Suite 208

(Address)

Miami, Florida 33161

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Schrier

(Name of Person)

at ( 305 ) 308-4409

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 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,

Paul K. Schrier, hereby resigns as  
Name of Registered Agent

Registered Agent for Pride Pharmacy, LLC  
Name of Limited Liability Company

LO8000101000  
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]  
Signature of Resigning Agent

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name  
\_\_\_\_\_  
Capacity

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2011 APR 11 AM 10:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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withdrawn limited liability company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