

LD9000080665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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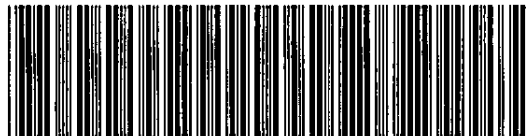
(Business Entity Name)

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TALLAHASSEE, FLORIDA

M. Gulligan NOV 17 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Allaire Pharmaceuticals, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: LO9000080665

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:

Mike McAloose
Name of Person

Allaire Pharmaceuticals, LLC
Name of Firm/Company

9180 Estero Park Common Blvd, suite 1
Address

Estero FL 33928
City/State and Zip Code

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

For further information concerning this matter, please call:

Mike McAloose at (917) 873-6528
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,


Mike McAloose, hereby resigns as
Name of Registered Agent

Registered Agent for Allaire Pharmaceuticals, LLC
Name of Limited Liability Company

LO9000080665
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:

Mike McAloose
Typed or Printed Name

100%
Capacity

FILED
2015 NOV 16 PM 3:27
FLORIDA DEPARTMENT 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