

LD9000089004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

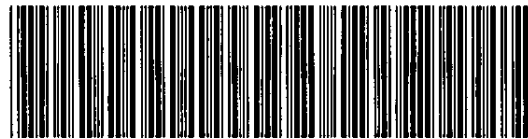
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 FEB 21 PM 3:45

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FEB 24 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pharmxpress Limited Liability Company
(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:

Jacqueline Phillips

(Contact Person)

Pharmxpress Limited Liability Company

(Firm/Company)

23904 SR 54 Ste 102

(Address)

Lutz FL 33559

(City/State and Zip Code)

For further information concerning this matter, please call:

Jacqueline Phillips

(Name of Contact Person)

at 813 406-4491

(Area Code & Daytime Telephone Number)

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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FILED
TALLAHASSEE, FLORIDA
CLERK OF THE COURT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Pharmxpress Limited Liability Company

2. The Florida document/registration number of this limited liability company is:
L09000089004

3. The date this member withdrew or will withdraw is: 12-31-2013

4. I, Sekinat O McNeil, hereby resign as a CEO
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Sekinat O McNeil
Signature of Resigning or Dissociating Manager, Member

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

STATE OF FLORIDA
COUNTY OF pasco

CR2E079 (12/13)

The foregoing instrument was acknowledged before me this 19 day of February 20 14 by Sekinat O McNeil

Claudia M Fantasia
(SEAL) PRINT, TYPE OR STAMP NAME OF NOTARY

CLAUDIA M. FANTASIA
Notary Public - State of Florida
My Commission Expires Feb. 20 2015
Commission # EE66215

Personally known ✓
or Produced Identification ✓
Florida Drivers License