

L10 000051423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

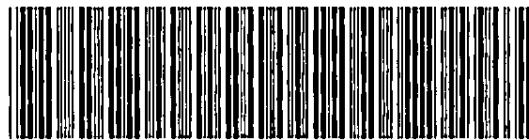
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/28/20--01024--002 **175.00

01/20/21--01038--001 **60.00

FILED
2021 JAN 19 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
JAN 22 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2020

RAJHESH PATEL
401 BARTON RD
ROCKLEDGE, FL 32955

SUBJECT: BREVARD PHARMACY, LLC
Ref. Number: L10000051423

We have received your document for BREVARD PHARMACY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 720A00024507

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brevard Pharmacy, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000051423

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:

Rajesh Patel
Name of Person

Name of Firm/Company

401 Barton Blvd
Address

Rockledge, FL 32955
City/State and Zip Code

rmzz76@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rajesh Patel at (407) 488-6851
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

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

Owei Z. Belleh, Esq. _____, hereby resigns as

Name of Registered Agent

Registered Agent for Brevard Pharmacy, LLC

Name of Limited Liability Company

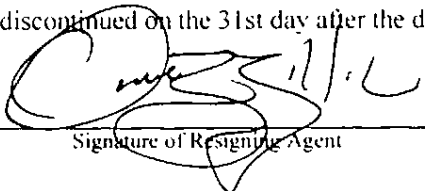
L10000051423

Document Number, if known

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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:

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**