

L10 0000 81776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

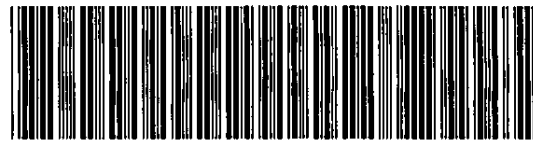
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 19 PM 4:00

SEP 20 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NEW ERA PHARMACEUTICAL, LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L10000081776

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:

Jermaine O. Bowen

Name of Person

New Era Pharmaceutical, LLC

Name of Firm/Company

16 NW 26th Avenue

Address

Miami, FL 33125

City/State and Zip Code

jbowen@newerameds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jermaine O. Bowen

at

954

733-1930

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

16 SEP 19 PM 4: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**JOBES LAW FIRM, LLC**

, hereby resigns as

Name of Registered Agent

Registered Agent for **NEW ERA PHARMACEUTICAL, LLC**

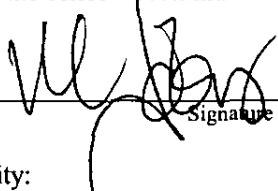
Name of Limited Liability Company

**L10000081776**

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:

**Merrilee A. Jobes**

Typed or Printed Name

**Manager of Jobes Law Firm, LLC**

Capacity

16 SEP 19 PM 4:00

31 SEP 19 PM 4:00  
TALLAHASSEE, FL 32314

### **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**