

L10 000 105702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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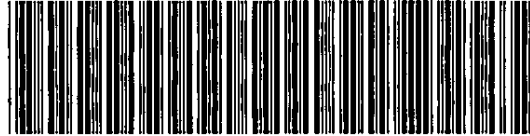
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS

OCT 06 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPER SAVER PHARMACY #4, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000105702

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:

Rosemary Dawoud

Name of Person

ABASKAHRON SOLUTIONS LLC

Name of Firm/Company

7329 BELLA FORESTA PLACE

Address

SANFORD, FL 32771

City/State and Zip Code

Rosemary.Bishara@gmail.com

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

For further information concerning this matter, please call:

Devan Mathura

at (407) 341-5582

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

Devan Mathura

Name of Registered Agent

, hereby resigns as

Registered Agent for **SUPER SAVER PHARMACY #4, LLC**

Name of Limited Liability Company

L10000105702

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:

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withdrawn limited liability company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**