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(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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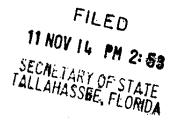
KBALY EXAMNER NOV 16 2011

COVER LETTER

	C		
υ	vivision of Corporations		
SUBJEC	T: ANGEL-RX, LLC		
	(Name of Limited Liab	oility Company)	
The enclo	osed member, managing member or manag	er resignation and fee(s) are submitted for	
Please re	turn all correspondence concerning this ma	atter to:	
Seth S	Schwartz, Esquire		
	(Contact Person)		
The S	chwartz Law Group, P.A.		
	(Firm/Company)		
10365	Hood Road South, Suite 01	5	
	(Address)		
Jacks	onville, Florida 32257		
	(City/State and Zip Code)		
For further	er information concerning this matter, plea	se call:	
Seth S	Schwartz, Esquire	904 292-0222 ea Code & Daytime Telephone Number)	
	(Name of Contact Person) (Ar	ea Code & Daytime Telephone Number)	
Enclosed	please find a check made payable to the F	lorida Department of State for:	
	\$25 Filing Fee	\$55 Filing Fee &	
	· ·	Certified Copy	
STREET	C/COURIER ADDRESS:	MAILING ADDRESS:	
	ion Section	Registration Section	
_	of Corporations	Division of Corporations	
Clifton B		P.O. Box 6327	
2661 Exe	ecutive Center Circle	Tallahassee, Florida 32314	
Tallahass	see, Florida 32301		

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as i	appears on the records of the Florida Department
2. This limited lial Florida	oility company was organized t	under the laws of:
3. The Florida doc L1100008	_	his limited liability company is:
4. I, Hope T. Reuben (Print Name of Person Resigning)		, hereby resign as a Manager (Print Title)
•	bility company and affirm the	limited liability company has been notified of my
Signature of Res	igning Member, Managing Me	mber or Manager
Filing Fee: Certified Conv:	\$25.00 (Required) \$30.00 (Ontional)	