

L11000096263

(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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JAN 24 2012

EXAMINER



900214241569

11/14/11--01020--022 **25.00

01/20/12--01006--020 **60.00

FILED
12 JAN 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2011

SHERI A RUSSELL
1217 ORANGE ISLE
FT LAUDERDALE, FL 33315

SUBJECT: PHARMACY PURCHASE GROUP, LLC
Ref. Number: L11000096263

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

{There is a balance-due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 311A00025947

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharmacy Purchase Group, LLC.
Name of Limited Liability Company

DOCUMENT NUMBER: L11000096263

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:

Sheri A. Russell
Name of Person

Name of Firm/Company

1217 Orange Isle
Address

Ft. Lauderdale, FL 33315
City/State and Zip Code

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

For further information concerning this matter, please call:

Sheri A. Russell at (954) 980-0004
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Sheri A. Russell, hereby resigns as
Name of Registered Agent

Registered Agent for

Pharmacy Purchase Group, LLC.

Name of Limited Liability Company

U1000096263

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

FILED
12 JAN 20 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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