

L12000027812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

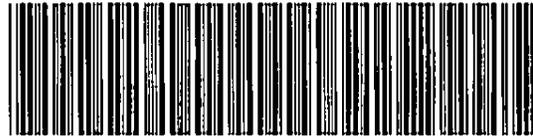
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/19/21--01022--010 **35.00

2021 JUN 21 PM 5:15

J SIMMONS

JUN 24 2021



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY
TALLAHASSEE, FL

June 9, 2021

DARSHAN PATEL
2386 DUNN AVE
JACKSONVILLE, FL 32218

SUBJECT: MEDIKON, LLC
Ref. Number: L12000027812

We have received your document for MEDIKON, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 021A00012585

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDIKON LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

NISHANT K. PATEL
(Contact Person)

MEDIKON LLC (DUVAL PHARMACY 201)
(Firm/Company)

7077 NORMANDY BLVD STE 5
(Address)

JACKSONVILLE, FL 32205
(City/State and Zip Code)

For further information concerning this matter, please call:

NISHANT K. PATEL at (904) 900-7700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee \$55 Filing Fee & Certified Copy

NOTE: *\$35 Fee has been paid as of 04-14-2021 - see Attached copy of check*

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MEDIKON LLC

2. The Florida document/registration number assigned to this limited liability company is:
L12000027812

3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL-07-2021

4. I, DARSHANKUMAR B. PATEL, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER (MBR)

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in cursive script that reads "Darshan Patel".

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)