

L12000027812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

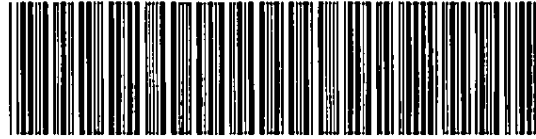
(Business Entity Name)

(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

SEAL OF THE
TALLAHASSEE

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

904

900-7700

at ()

(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



2021 JUN 21 PM 5:15

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.

Signature of Dissociating Member or Resigning Manager

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