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B. BOSTICK
SEP 1 2 2013

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Pharmady Confu (Name of Limited Liability Conf	
The enclosed member, managing member or manager resignations.	nation and fee(s) are submitted for
Please return all correspondence concerning this matter to:  Camerial Gonzalez  (Contact Person)	-
<u>J</u> Car	_
15611 SW SI TER  (Address)	ZOI3 SEP 11 SEURLINGO TALLAHASSI
MI AM1 FL 33185 (City/State and Zip Code)	PH 4: 17
For further information concerning this matter, please call:  armenzoula Conzaliz at Sos	, 207-1827
	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee (ea)  \$50.00 TOTAL	epartment of State for: 55 Filing Fee & Certified Copy
·	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the F of State is: Pharmady Consulting Cr	
2. This limited liability company was organized under the laws of:  ———————————————————————————————————	
3. The Florida document/registration number of this limited liability company is:	
4. I, CUGAR G. POWL , hereby resign as a Maj	naging Member
of this limited liability company and affirm the limited liability company has be resignation in writing.	een notified of my
Signature of Resigning Member, Managing Member or Manager	1 PM 4:
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Ti. 08.00