

K12 000139691

(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



500389591155

06/21/22--01039--019 **510.00

FILED

2022 JUN 21 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Right Med, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L12000139691

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:

Tacho Oh
Name of Person

Right Med, LLC
Name of Firm/Company

4600 Sheridan Street, Suite 200
Address

Hollywood, FL 33021
City/State and Zip Code

tacho@us-rxcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tacho Oh at (754) 800-7992
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

David Fasano _____, hereby resigns as
Name of Registered Agent

Registered Agent for Right Med, LLC _____
Name of Limited Liability Company

L12000139691 _____
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

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withdrawn limited liability company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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 11:10

FILED