

L12000160166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

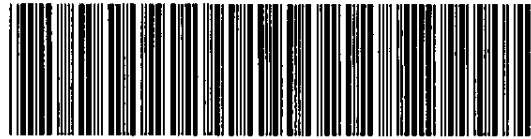
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SAC STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **UNILIFE LLC**

Name of Limited Liability Company

**DOCUMENT NUMBER:** **L 12000160166**

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:

**J ROBERT MALEK**

Name of Person

**UNILIFE LLC**

Name of Firm/Company

**1730 S FEDERAL HIGHWAY, #203**

Address

**DELRAY BEACH , FL 33483**

City/State and Zip Code

**JRM@UNILIFEUSA.COM**

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

For further information concerning this matter, please call:

**J ROBERT MALEK**

Name of Person

at ( **954** ) **623 7510**

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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,

**JEAN ROBERT MALEK**

, hereby resigns as

Name of Registered Agent

Registered Agent for **UNILIFE LLC**

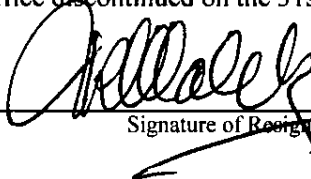
Name of Limited Liability Company

**L12000160166**

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**

FILED  
2018 NOV -8 PM 12:19  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA