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K.SALY EXAMINER MAR 1 2 2014

COVER LETTER

Division of Corporations			
SUBJECT: THE RX OPERATIONS 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:			
KERRY MARSHALL			
(Contact Person)			
SCOTT PROPERTIES			
(Firm/Company)			
PO BOX 131			
(Address)			
DEERFIELD BCH, FL 33443			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
KERRY MARSHALL at 317 407-8183 (Name of Contact Person) (Area Code & Daytime Telephone Number			
(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			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314			

CR2E079 (12/13)

Tallahassee, Florida 32301



FILED 2014 MAR 10 PM 3: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as E RX OPERATIONS LL	it appears on the records of the Florida Department C
2. The Florida docu L13000009	_	this limited liability company is:
3. The date this me	mber withdrew or will withd	raw is: 01/19/2013
4. I, MICHAEL SILBERMAN (Print Name of Person Resigning)		hereby resign as a MEMBER / MGR
	bility company and affirm the	e limited liability company has been notified of my
Signature of Re	esigning or Dissociating Mar	pager, Member
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (12/13)