L13000014683

(Re	equestor's Name)
(Ac	ddress)
. (Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Ві	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

JUN 0 9 2015 T CANNON



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2015

SEAN P RAVENEL RX EQUIPPED, LLC 12329 GLENFIELD AVENUE TAMPA, FL 33626 US

SUBJECT: RX EQUIPPED LLC Ref. Number: L13000014683

We have received your document for RX EQUIPPED 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Tina D Cannon Regulatory Specialist II

Letter Number: 015A00008289



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUBJECT: Subject Company Co
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
SANT TAVENEL (Contact Person)
(Firm/Company)
17379 GLENFIELD AV.
TAMPA FL 33676 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727) 251-1314 (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

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, Florida 32301



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JUN -8 PH 2:31

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:	TX EQUIPPED, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1300	00014683
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Apr. 8, 2015
4. I, (Print N	ame of Person Resigning), hereby withdraw/resign as a
MANAS	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Theres	102-
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)