

L14000052618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 AUG 25 PM 2:46

LLC Mem Resign

SEP 04 2014

T. CARTER



FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 25 PM 2:46

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: Integrated Compounding Pharmacy Solutions LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000052618

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/05/2014
William Stewart

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Member
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

William Stewart

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)