

L14000054566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

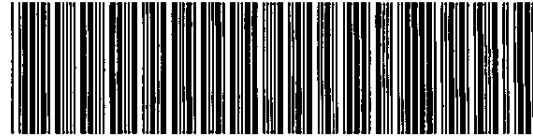
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 15 AM 11:28

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102414

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAGENTSONTHERUN.COM, 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:

EVE ROSEN

(Contact Person)

(Firm/Company)

10130 NW 14 STREET

(Address)

PLANTATION, FLORIDA 33322

(City/State and Zip Code)

For further information concerning this matter, please call:

EVE ROSEN

(Name of Contact Person)

at (954) 554-2145  
(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:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

CR2E079 (2/14)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 OCT 15 AM 7:33

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14 OCT 15 AM 11:28  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE



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: REAGENTSONTHERUN.COM, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000054566

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/5/2013

4. I, EVE WAGNER ROSEN, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER/MEMBER

(Print Title)

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

  
Signature of Dissociating Member or Resigning Manager

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

FILED  
14 OCT 15 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA