

L14000107 944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JUN 20 A 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren
JUN 21 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

MARK MICHINOK
116 KILDRUMMY CT
SAINT JOHNS, FL 32259

SUBJECT: COMPOUND RX GROUP LLC
Ref. Number: L14000107944

We have received your document for COMPOUND RX GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 116A00011497

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Compound RX Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Michinok

Name of Person

Compound RX Group LLC

Firm/Company

116 Kildrummy Ct

Address

Saint Johns, FL 32259

City/State and Zip Code

mmichinok@compoundrxgroup.com

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

For further information concerning this matter, please call:

Mark Michinok

904 476-1618
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

Compound RX Group LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	Samuel Convery	201 Colima Ct, Unit 1233	<input checked="" type="checkbox"/> Add
		Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 05/25/2016, 9 am ET


Signature of a member or author

Mark Michinok

Typed or printed name of signee

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SECRETARY OF STATE
TAMPA, FLORIDA