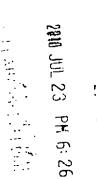
L14000152677

(Requestor's Name)
(Address)
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JUL 26 2018

COVER LETTER

Tallahassee, Florida 32301

CR2E079 (2/14)

~	stration Section sion of Corporations		
SUBJECT:	Nationwide RX Advocates	"LLC"	
	(Name of L	imited Liability Con	npany)
The enclosed	d member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return	alt correspondence concernin	g this matter to:	
Sam shatz			
	(Contact Person)		•
Nationwide	RX Advocates "LLC"		
	(Firm/Company)		-
902 Clint M	loore road Suite 124		
	(Address)		•
Boca Rator	n Florida 33487		
	(City/State and Zip Code)		•
For further i	nformation concerning this ma	tter, please call:	
Sam Shatz		561	504 2120
()	lame of Contact Person)		& Daytime Telephone Number)
Enclosed plo □ \$25 Filing	ease find a check made payable g Fee	to the Morida D S55 Filing	epartment of State for: Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
		Registration Section Division of Corporations	
Clifton Building		P.O. Box 6327	
ZOOT EXECUT	ive Center Circle		Tallahassee, Florida 32314



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 Departmen
of State is: Nati	onwide RX Advocates "LLC"
2. The Florida doc L1400015267	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 7/1/2018
4. I	cis 2017 Irrevocable Trust hereby withdraw/resign as a
member part	
	(Print Title)
of this limited lia resignation in 3	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Signature of B	movements remove of resigning remages
Filing Fee:	\$25.00 (Required)
Cortified Conv.	\$30.00 (Optional)