Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190001333713)))



H190001333713ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLAZIER & GLAZIER, P.A.

Account Number : 120050000141 : (904)997-1033 Fax Number : (904)997-1733

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

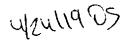
Email Address: troxracing@hotmail.com

LLC REGISTERED AGENT RESIGNATION TROX PHARMACY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$85.00

Electronic Filing Menu Corporate Filing Menu

Help



Registration Section Division of Corporations

TO:

(((H19000133371 3)))

COVER LETTER

SUBJECT:	Trox Phari	macy, LLC			
SUBJECT:	Name of Lim	ited Liability	Company		
DOCUMENT NUMBER	R:L15000102285				
The enclosed Resignation for filing.	of Registered Agent f	or a Limited	Liability Compar	ny and fee are submitted	
Please return all correspon	ndence concerning this	matter to th	e following:	20	
Fexor TbboT				2019 1.P. 2.3	1
Nan	ne of Person				
Trox Pharma	cy, LLC				<u>, </u>
Name o	f Firm/Company			ニージ マーバ	ر امد.
14965 Old St. Aug	gustine Road, Suite	108		3: 28 1:01 F	
	Address			F 00	
Jacksonville, FL	32258				
City/Sta	ate and Zip Code				
troxracing@hotmail.c	com				
E-mail address: (to be use	ed for future annual report	notification)			
For further information co	oncerning this matter,	please call:			
Scott L. Glazier	at	904	997-1033		
Name of Po		Area Code	Daytime Telepho	ne Number	

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INH\$17 (2/14)

(((H19000133371 3)))

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ons of section 605.0115, Florida Statutes, the und	lersigned,	
Glazier & Glazier, P.A.		, hereby resigns as	
· —	Name of Registered Agent	_ ,	
Registered Agent for _	Trox Pharmacy, LLC		
	Name of Limited Liability Company	,	
L15000102285			
Document N	Number, if known		
	ion was mailed to the above listed limited liability	بغ - ا	
The agency is terminat	ed and the office discontinued on the 31st day aft	ter the date on which this statement is file	
	Sul	23	
	Signature of Resigning Agent		
If signing on behalf of	an entity:		
	Scott L. Glazier	5 2 8	
	Typod or Printed Name	<u> </u>	
	President		

\$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

INH\$17 (2/14)