

**LIS00010225**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : GLAZIER & GLAZIER, P.A.  
Account Number : I20050000141  
Phone : (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

4/24/19 DS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Trox Pharmacy, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000102285

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Todd Troxel  
Name of Person

Trox Pharmacy, LLC  
Name of Firm/Company

14965 Old St. Augustine Road, Suite 108  
Address

Jacksonville, FL 32258  
City/State and Zip Code

troxracing@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott L. Glazier at ( 904 ) 997-1033  
Name of Person Area Code Daytime Telephone 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

INHS17 (2/14)

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FILED  
2019 APR 23 A 3:28  
TALLAHASSEE, FL 32301

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**STATEMENT OF RESIGNATION OF REGISTERED AGENT  
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

**Glazier & Glazier, P.A.**

, hereby resigns as

Name of Registered Agent

Registered Agent for **Trox Pharmacy, LLC**


Name of Limited Liability Company

**L15000102285**

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

**Scott L. Glazier**

Typed or Printed Name

**President**

Capacity

**FILING FEES:**

\$ 85.00	Active limited liability company
\$ 25.00	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

Tallahassee, FL 32314

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