

L15 0000 103491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

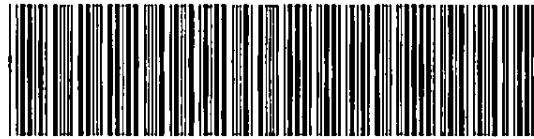
(Business Entity Name)

(Document Number)

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MAR - 9 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Apotheon Florida LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000103491

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:

Carol H. Bilotti

\_\_\_\_\_  
Name of Person

All Florida Tax Consulting Inc

\_\_\_\_\_  
Name of Firm/Company

4801 S University Dr. St 120

\_\_\_\_\_  
Address

Davie, FL 33328

\_\_\_\_\_  
City/State and Zip Code

jesposito@ecipharma.com

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

For further information concerning this matter, please call:

Carol H. Bilotti

\_\_\_\_\_  
Name of Person

at (

954

)  
Area Code

336-9689

\_\_\_\_\_  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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

Carol H. Bilotti \_\_\_\_\_, hereby resigns as

Name of Registered Agent

Registered Agent for Apotheon Florida LLC

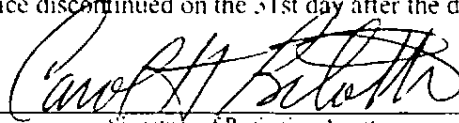
\_\_\_\_\_  
Name of Limited Liability Company

L15000103491

\_\_\_\_\_  
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:

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
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

2022 05 24 2:09