

L15000152258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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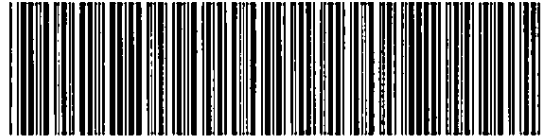
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHEP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Benefits Management Group, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000152258

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:

Tacho Oh

Name of Person

Specialty Benefits Management Group, LLC

Name of Firm/Company

4600 Sheridan Street, Suite 200

Address

Hollywood, FL 33021

City/State and Zip Code

tacho@us-rxcare.com

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

For further information concerning this matter, please call:

Tacho Oh

Name of Person

at (754) 800-7992
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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
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,

David Fasano

Name of Registered Agent

, hereby resigns as

Registered Agent for Specialty Benefits Management Group, LLC

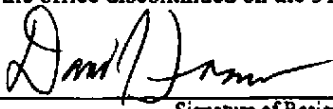
Name of Limited Liability Company

L15000152258

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

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2022 JUN 21 AM 10:54

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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