

L15000155095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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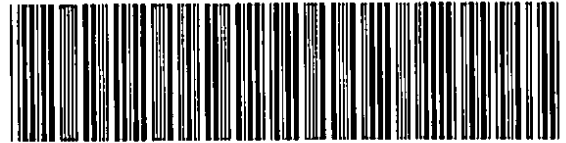
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: US DOCTORS Rx, LLC  
Name of Limited Liability Company

DOCUMENT NUMBER: L15000155095

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:

EMANDI VENKATA  
Name of Person

US DOCTORS Rx LLC  
Name of Firm/Company

5723 WESTSHORE DRIVE  
Address

NEW PORT RICHEY, FL 34652  
City/State and Zip Code

RICHINBOX@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMANDI VENKATA at ( 727 ) 534-4590  
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2018

EMANDI VENKATA  
5723 WESTSHORE DR.  
NEW PORT RICHEY, FL 34652

SUBJECT: US DOCTORS RX, LLC  
Ref. Number: L15000155095

We have received your document for US DOCTORS RX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a florida Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

To resign as registered agent for an active limited liability company, the enclosed resignation form should be completed and returned with a filing fee of \$85.00.

There is a balance due of \$50.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 918A00024407

*Enclosed check for \$50/-  
AND documents duly signed.*

*12/6/2018*

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

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

EMANDI VENKATA hereby resigns as  
Name of Registered Agent

Registered Agent for US DOCTORS RX, LLC  
Name of Limited Liability Company

L15000155095  
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.

Emendi Venkata  
Signature of Resigning Agent

If signing on behalf of an entity:

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

\_\_\_\_\_  
Capacity

FILED  
2018 DEC 14 PM 2:14  
STATE OF FLORIDA  
TALLAHASSEE

## 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