

LIS000165018

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2015 OCT -2 PM 12:31
STATE OF FLORIDA
TALLAHASSEE

RE Gulligan OCT -5 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Remeny Pharmaceuticals LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L15000165018

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:

Luis Sierralta
Name of Person

Remeny Pharmaceuticals LLC
Name of Firm/Company

8390 SW 72 Ave Unit 104
Address

Miami FL 33143
City/State and Zip Code

mvilasus@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Vilasus at (786) 295 9240
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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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



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

FILED
2015 OCT -2 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Alexander F. Calzadilla, hereby resigns as
Name of Registered Agent

Registered Agent for Remeny Pharmaceuticals LLC
Name of Limited Liability Company

L 15000165018
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.

Alexander Calzadilla
Signature of Resigning Agent

If signing on behalf of an entity:

Alexander Calzadilla
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withdrawn limited liability company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**