

# L15000183336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

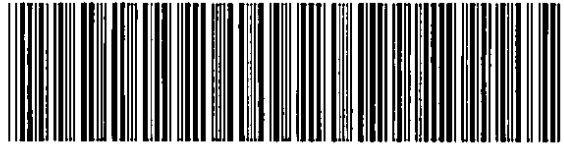
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2023 AUG 16 AM 9:58

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2023 AUG 16 AM 11:42

INFORMATION SERVICES  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 923653 8323810

AUTHORIZATION

COST LIMIT : ~~\$ 85.00~~ 25.00

ORDER DATE : August 7, 2023

ORDER TIME : 9:19 AM

ORDER NO. : 923653-015

CUSTOMER NO: 8323810

CHANGE OF AGENT

NAME: PHARMAMEDRX LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Unassigned -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pharmamedrx LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L15000183336

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:

RESIGNATIONS DEPARTMENT

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Name of Person

CORPORATION SERVICE COMPANY

---

Name of Firm/Company

251 LITTLE FALLS DRIVE

---

Address

WILMINGTON, DE 19808

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

ANNUALREPORTS@CSCGLOBAL.COM

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

For further information concerning this matter, please call:

RESIGNATION DEPT \_\_\_\_\_ at ( 800 ) 927-9801  
 \_\_\_\_\_  
 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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  
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,

CORPORATION SERVICE COMPANY

, hereby resigns as

Name of Registered Agent

Registered Agent for Pharmamedrx LLC

Name of Limited Liability Company

L15000183336

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.

*Eyliena Baker*  
Assistant Vice President

Signature of Resigning Agent

If signing on behalf of an entity:

BY EYLIENA BAKER

Typed or Printed Name

VICE 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

FILED  
2023 AUG 16 AM 9:58  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE