

10/31/23, 12:20 PM

Division of Corporations

**L16000110164**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Account Name : CARLTON FIELDS  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**LLC REGISTERED AGENT RESIGNATION**  
**TGH BRANDON HEALTHPLEX PHARMACY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

H23000378589 3

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

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

CF REGISTERED AGENT, INC.

, hereby resigns as

Name of Registered Agent

Registered Agent for TGH BRANDON HEALTHPLEX PHARMACY, LLC

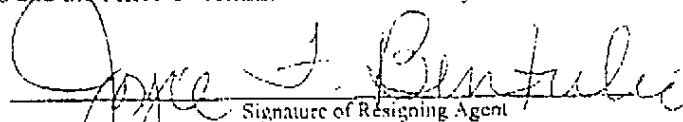
Name of Limited Liability Company

L16000110164

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:

Joyce F. Bentubo

Typed or Printed Name

Director/Secretary

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withdrawn limited liability company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

INHS17 (2/14)

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