

L16000129489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

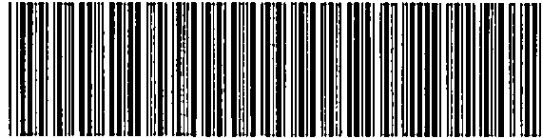
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800389591208

06/21/22--01039--019 \*\*510.00

FILED  
2022 JUN 21 AM 10:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

SEP - 9 2022

S. PRATHEI

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pharmacy Risk Management, LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000128489

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

Pharmacy Risk Management, 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 )

Area Code

800-7992

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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 Pharmacy Risk Management, LLC

\_\_\_\_\_  
Name of Limited Liability Company

L16000128489

\_\_\_\_\_  
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

**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  
2022 JUN 21 AM 10:12  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE