## 117000097846

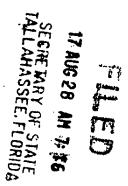
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## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

**Division of Corporations** Express Care Pharmacy, LLC **SUBJECT:** (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Glenn Brosnick (Contact Person) **Express Care Pharmacy** (Firm/Company) 777 Shotgun Road (Address) Sunrise, FL 33326 (City/State and Zip Code) For further information concerning this matter, please call: Glenn Brosnick (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears Care Pharmacy, LLC	pears on the records of the Flor	rida Departr	nent —·
2. The Florida docu L1700009784	ment/registration number assigne	d to this limited liability comp	pany is:	ì
4. I, Jessica Silva (Print N	mber/manager withdrew/resigned  ame of Person Resigning)  (Print Title)	or will withdraw/resign is:	MARY OF STATE	F
of this limited lia resignation in wr	pility company and affirm the limi		1 notified of	my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			