

L18000227677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

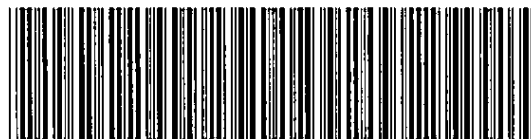
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP -4 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/5/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICALRX SOLUTIONS, LLC

(Name of Corporation)

DOCUMENT NUMBER: L18000227677

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES T. MURPHY

(Name of Person)

MURPHY & ELLIS, PLLC

(Name of Firm/Company)

121 W. FORSYTH STREET, SUITE 800

(Address)

JACKSONVILLE, FLORIDA 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES T. MURPHY

(Name of Person)

at (**904**) **342-6009**

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment 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,

MURPHY & ELLIS, PLLC

Name of Registered Agent

, hereby resigns as

Registered Agent for

MEDICALRX SOLUTIONS, LLC

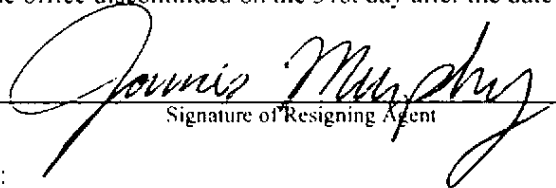
Name of Limited Liability Company

L18000227677

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:

JAMES T. MURPHY

Typed or Printed Name

ATTORNEY

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

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TALLAHASSEE, FL