## L19000088938

(Re	equestor's Name)	
(Ad	dress)	
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## **COVER LETTER**

то:	Registration Section Division of Corporations		•
	Heavenly RX, LLC		
SUBJ	JECT:		
	(Name of Li	mited Liability Cor	npany)
The e	nclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Larr	y M. Goldberg		
	(Contact Person)	<del></del>	_
Hea	venly RX, LLC		
	(Firm/Company)		<del>-</del>
1112	2 North Flagler Drive		
	(Address)		_
Ft. L	_auderdale, FL 33304		
	(City/State and Zip Code)		_
For fu	arther information concerning this ma	tter, please call:	
Larr	y M. Goldberg		542-4778
_	(Name of Contact Person)	at ( (Area Code	e & Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
-	stration Section		Registration Section Division of Corporations
	sion of Corporations		P.O. Box 6327
	on Building Executive Center Circle		Tallahassee, Florida 32314
	hassee, Florida 32301		,

CR2E079 (2/14)



## 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)

		assigned to this limited liability company	vision 12
L1900008893	38		
<del></del>	<del></del> -		7/2019
		esigned or will withdraw/resign is:	ن 
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4. I	ame of Person Resigning)	hereby withdraw/resign as a	• -
Managing M			• • • • • • • • • • • • • • • • • • • •
	(Print Title)		•
of this limited lie	hiliou acompany and affirm:	the limited liability company has been no	outled of my
resignation in wr	• •	the milited manning economics was vice and	
resignation in wr	• •		
resignation in wr	iting		

CR2E079 (2/14)