

L20 00000

84554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

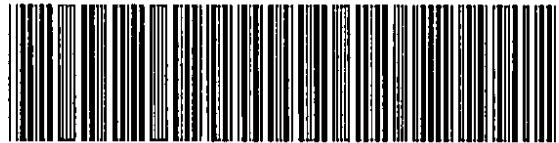
(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 21 2020

2020 SEP 14 A. 9:03

LLC

RA
Resign.

JQ 09/22/20



2020 AUG 31 PM 2:13

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2020

FEDERICO GIL PEREZ
1111 CRANDON BLVD AP B-802
KEY BISCAYNE, FL 33149

SUBJECT: BECKON SCIENTIFIC PHARMACEUTICALS LLC
Ref. Number: L20000084554

We have received your document for BECKON SCIENTIFIC PHARMACEUTICALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 820A00016712

COVER LETTER

TO: Registration Section
Division of Corporations

BECKON SCIENTIFIC PHARMACEUTICALS LLC

SUBJECT: _____
Name of Limited Liability Company

1.20000008455

DOCUMENT NUMBER: _____

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:

FEDERICO GIL PEREZ

Name of Person

Name of Firm/Company

1111 CRANFORD BLVD APT B-802

Address

KEY BISCAYNE FL 33149

City/State and Zip Code

magin.blasi@mc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FEDERICO GIL PEREZ

305

8981183

Name of Person

at (_____) _____

Area Code

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

FEDERICO GIL PEREZ

hereby resigns as

Name of Registered Agent

BECKON SCIENTIFIC PHARMACEUTICALS LLC

Registered Agent for

Name of Limited Liability Company

L20000084554

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

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P.O. Box 6327
Tallahassee, FL 32314

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,
FEDERICO GIL PEREZ

_____, hereby resigns as

Name of Registered Agent

BECKON SCIENTIFIC PHARMACEUTICALS LLC

Registered Agent for _____

Name of Limited Liability Company

L20000084554

Document Number, if known

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Signature of Resigning Agent

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\$ 85.00 Active limited liability company

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