

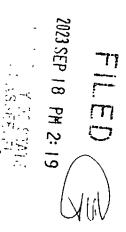
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special histractions to 1 lining officer.					





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## **COVER LETTER**

_	ion of Corporations				
SUBJECT:	PRESTIGE RX SOLUTIONS LLC				
SODJECK,	(Name of Limited Liability Company)				
The enclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
Tiffany Rodrig	guez				
	(Contact Person)		-		
PRESTIGE R	X SOLUTIONS LLC				
	(Firm/Company)		_		
3361 Fairlane	Farms Rd.				
	(Address)		_		
Wellington, F	L 33414				
	(City/State and Zip Code)		_		
For further i	nformation concerning this mat	ter, please call:			
Tiffany Rodri	guez	561 at (	223-8715		
1)	Vame of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Enclosed ple	ease find a check made payable				
□ \$25 Filin	g Fee	□ \$55 Filin	g Fee & Certified Copy		
Regi Divi P.O.	ng Address: stration Section sion of Corporations Box 6327 phassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



## 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	• •	of the Florida Department			
2. The Florida doci	ument/registration number a	ssigned to this limited liabi	ility company is:			
3. The date this me	:mber/manager withdrew/res	signed or will withdraw/res	ign is:			
4. 1, Victor Velazco (Print A	. 1,, hereby withdraw/resign as a (Print Name of Person Resigning)					
(Print Title)						
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited fiability company	y has been notified of my			
M	ラ		202			
Ū	issociating Member or Resig \$25.00 (Required)	ning Manager	<b>FILE</b>			
Certified Copy:	\$30.00 (Optional)		PH 2:1			