

3/14/24, 1:18 AM

Division of Corporations

M 04 0000002593

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Email Address: cls-agentresignations@wolterskluwer.com

**LLC REGISTERED AGENT RESIGNATION
INDUSTRIAL PHARMACY MANAGEMENT, LLC**

Certificate of Status	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 MAR 13 AM 8:01
TALLAHASSEE, FLORIDA

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MAR 13 2024

STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NRAI SERVICES, INC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for _____
INDUSTRIAL PHARMACY MANAGEMENT, LLC

Name of Limited Liability Company

M04000002593

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.

Nancy Helm-Brown

Signature of Resigning Agent

If signing on behalf of an entity:

NANCY HELM-BROWN

Typed or Printed Name

ASSISTANT SECRETARY

Capacity

FILED
TALLAHASSEE, FL

2024 MAR 13 AM 8:01

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withdrawn limited liability company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