

OCT-08-2009 10:02
Division of Corporations

LATHAM SHUKER EDEN

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Fax Number : (850)617-6380

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Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP
Account Number : I20000000025
Phone : (407)481-5800
Fax Number : (407)481-5801

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REGISTERED AGENT RESIGNATION

RELIANCE PHARMACEUTICALS, LLC

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RELiance PHARMACEUTICALS, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M05000001754

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:

GINA L. BINKLEY
Name of Person

LATHAM, SHUKER, EDEN & BEAUDINE, LLP
Name of Firm/Company

390 N. ORANGE AVENUE, SUITE 600
Address

ORLANDO, FL 32801
City/State and Zip Code

Gbinkley@lseblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GINA L. BINKLEY at (407) 481-5847
Name of Person 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**RESIGNATION OF REGISTERED AGENT FOR A LIMITED
LIABILITY COMPANY**

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

LSEB AGENT SERVICES, INC.

Name of Registered Agent

, hereby resigns as

Registered Agent for RELiance PHARMACEUTICALS, LLC

Name of Limited Liability Company

M05000001754

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:

R. SCOTT SHUKER

Typed or Printed Name

VICE PRESIDENT

Capacity

FILING FEES:

\$ 85.00 Active limited liability company

\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability companySECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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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