

M13000005559

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : JAM MARK LIMITED
Account Number : T20000000112
Phone : (305) 789-7758
Fax Number : (305) 789-7799

**LLC DISSOLUTION OR WITHDRAWAL
ALLERGIA RX LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

136365-2

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Corporate Filing Menu

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JAN 16 2013

T. HAMPTON

Diazdon, Esmi (MIA - X22275)

From: Fax Center [RightFaxAdmin@hkilaw.com]
Posted At: Monday, January 13, 2014 2:23 PM
Conversation: Your fax has been successfully sent to FL - Allergia Rx LLC at 18506176383. Please click here <http://hkfax> to review.
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From: Esmi Diazdon
Account: 136365
Matter: 00002

1/13/2014 2:21:18 PM Transmission Record
Sent to 918506176383 with remote ID "850-617-6381"
Result: (0/339;0/0) Successful Send
Page record: 1 - 3
Elapsed time: 01:27 on channel 2

Original fax date



January 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ALLERGIA RX LLC
5371 HIATUS ROAD
SUNRISE, FL 33351

SUBJECT: ALLERGIA RX LLC
REF: M13000005559

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000009361
Letter Number: 114A00000854

Please see attached.

*Please use original
fax date of 1/13/14.
Thank you!*

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ALLERGIA Rx LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/04/2013

(Date registered with Florida Department of State)

M13000005559

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.



(Signature of authorized representative)

CINDY B. HALPERN-COHEN

(Typed or printed name of signee)

Filing Fee: \$25.00

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