

P10000026439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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000184836850

*Resignation  
to officer*

09/01/10--01021--015 \*\*35.00

2010 SEP -1 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*AOR  
9/3/10*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PHARMACHEM EQUIPMENTS CORP  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000026439

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

IRVIN GIRON  
(Name of Person)

PHARMACHEM EQUIPMENT CORP.  
(Name of Firm/Company)

1112 WESTON RD Suite 282  
(Address)

Weston FL 33326  
(City/State and Zip Code)

For further information concerning this matter, please call:

IRVIN GIRON at ( 954 ) 2946083  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2010

EVENCIO AMPARAM  
PHARMACHEM & EQUIPMENTS CORP.  
1112 WESTON ROAD, SUITE 282  
WESTON, FL 33326

SUBJECT: PHARMACHEM & EQUIPMENTS CORP  
Ref. Number: P10000026439

We have received your document for PHARMACHEM & EQUIPMENTS CORP and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA CORPORATION, NOT A LIMITED LIABILITY COMPANY.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

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) 245-6880.

Karen Gibson  
Document Specialist Supervisor

Letter Number: 110A00019960

FILED

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

2010 SEP -1 PM 3: 30

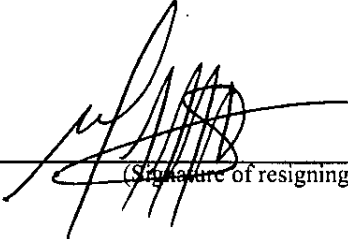
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, IRVIN GIRON, hereby resign as OM  
(Title)

of PHARMACHEM & EQUIPMENT CORP.  
(Name of Corporation)

P10000026439, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314