

P95000026053

(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:

Office Use Only



300236939863

06/29/12--01010--026 **35.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 29 PM 4:07

OD/RES
@ 7/2/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BJS Pharmacy Inc
(Name of Corporation)

DOCUMENT NUMBER: 995000026053

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Frances Rosner
(Name of Person)

BJS Pharmacy Inc
(Name of Firm/Company)

400 E. Atlantic Ave
(Address)

Delray Beach, FL 33483
(City/State and Zip Code)

For further information concerning this matter, please call:

Frances Rosner at (561) 276-6034
(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Francis Renu, hereby resign as Director
(Title)

of BJS Pharmacy, INC
(Name of Corporation)

P95000036053, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.

Francis Renu
(Signature of resigning officer/director)

12 JUN 29 PM 4: 07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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