P9600011648

(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:





200164292412

02/01/10--01048--023 **35.00

resignation

WIDFEB-I PH 3: I

1/2/10

COVER LETTER

SUBJECT: PWARMA 605 SERWICES INC. OCCUMENT NUMBER: P96000116480
DOCUMENT NUMBER: P96000116480
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Sueli Correra (Name of Person)
Intercomp Professimal Services Inc.
17375 Collins Ave-Suite 1702
Sunny Isles Beach, FL 33160 (City/State and Zip Code)
For further information concerning this matter, please call:
Sueli Correc at (305) 527-7024 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

CR2E044(08/05)

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

TO:

Amendment Section
Division of Corporations

OFFICER / DIRECTOR RESIGNATION SECRETARY OF 3: 19
1, Picardo Hendieta, hereby resign as President
of Pharma cos Services the (Name of Corporation)
(Name of Corporation) P960001648, a corporation organized under the laws of the State of (Document Number, if known)
Florida.
(Signature of regioning 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