

P14000071117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

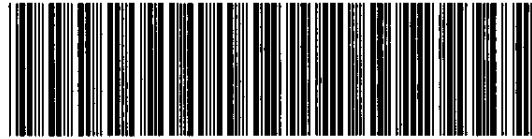
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266648130

11/24/14--01031--025 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 24 AM 10:55

C. Lewis
12-3-14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOTAL PHARMACY & DISCOUNT, CORP
(Name of Corporation)

DOCUMENT NUMBER: P14000071117

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

Please return all correspondence concerning this matter to the following:

MARIA CELIA MARTINEZ
(Name of Person)

TOTAL PHARMACY & DISCOUNT CORP
(Name of Firm/Company)

48 E 5TH ST
(Address)

HIALEAH FL, 33010
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA CELIA MARTINEZ at (954) 274-0605
(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
P.O. Box 6327
Tallahassee, FL 32314

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

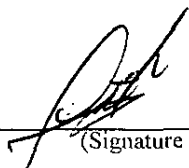
14 NOV 24 AM 10:55

I, Ariel Espinosa, hereby resign as President
(Title)

of Total Pharmacy & Discount, Corp
(Name of Corporation)

P14000071117, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS

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

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