

P130000 69198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

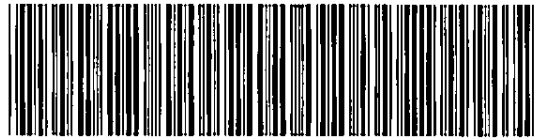
(Business Entity Name)

(Document Number)

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OFFICE OF COMMISSIONER

old Resignation

APR 23 2020

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MY PHARMACY OF BIG BEND, INC.

(Name of Corporation)

**DOCUMENT NUMBER:** P13000069198

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

Please return all correspondence concerning this matter to the following:

Matt Gonzales

(Name of Person)

MY PHARMACY OF BIG BEND, INC.

(Name of Firm/Company)

538 Wilbur St

(Address)

Brandon FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Matt Gonzales

(Name of Person)

at (

409 ) 879-4867

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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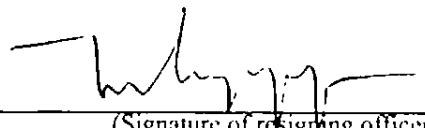
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, TIN H NGUYEN, hereby resign as President  
(Title)

of My Pharmacy of Big Bend INC  
(Name of Corporation)

P13000069198, 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

REC  
DEPT OF STATE  
DIVISION OF CORPORATIONS  
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