

354441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

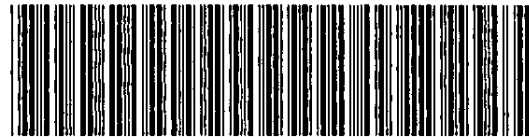
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900251828839

09/23/13--01034--001 **35.00

FILED
13 SEP 23 PM 1:25
FBI - NEW YORK

OK 10/1/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Post Haste Pharmacy, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 354441

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

Please return all correspondence concerning this matter to the following:

Gregg Fishman
(Name of Person)

Post Haste Pharmacy
(Name of Firm/Company)

4401 Sheridan St.
(Address)

Hollywood, FL 33021
(City/State and Zip Code)

For further information concerning this matter, please call:

Gregg Fishman at (954) 989-6524
(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**

I, Gregg Fishman, hereby resign as T (Title)

of Post Haste Pharmacy, Inc.
(Name of Corporation)

354441, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.


(Signature of resigning officer/director)

FILED
13 SEP 23 PM 1:25

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