

F1600000 4415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

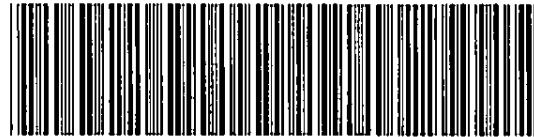
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DEC 05 2017

S. YOUNG

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2017

KATELYN BEAN  
PARACORP INCORPORATED  
PO BOX 160568  
SACRAMENTO, CA 95816

SUBJECT: WESTCLIFF PHARMACY, INC.  
Ref. Number: F16000004415

We have received your document for WESTCLIFF PHARMACY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to resign as registered agent of an active corporation is \$87.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 417A00022717

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32399

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WESTCLIFF PHARMACY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** F16000004415

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**KATELYN BEAN**

(Name of Person)

**PARACORP INCORPORATED**

(Name of Firm/Company)

**PO BOX 160568**

(Address)

**SACRAMENTO, CA 95816**

(City/State and Zip Code)

For further information concerning this matter, please call:

**KATELYN BEAN** at **800 533-7272**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, PARACORP INCORPORATED

(Name of Registered Agent)

hereby resigns as Registered Agent for WESTCLIFF PHARMACY, INC.

(Name of Corporation)

F16000004415

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
\_\_\_\_\_  
(Signature of Resigning Agent)

If signing on behalf of an entity:

LETICIA BURLESON

(Typed or Printed Name)

ASST SECRETARY

(Capacity)

**Fee for filing this document:**

\$87.50 - Active Corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/  
withdrawn corporation

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
TALLAHASSEE, FLORIDA

DEC - 4 AM 11:29

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