

F96995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

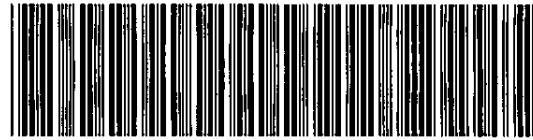
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300264260793

09/15/14--01006--007 **35.00

Resignation
of RA

FILED
SEP 15 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
9/19/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deso Pharmacy Inc. 823 Southern Blvd. West Palm Beach, FL 33405
(Name of Corporation)

DOCUMENT NUMBER: F98995

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:

María A. Sofo
(Name of Person)

(Name of Firm/Company)

5757 COLLINS AVE. #1507
(Address)

Miami Beach, FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCISCO SOFO (SON) at (908) 672-6468
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

