

F96995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

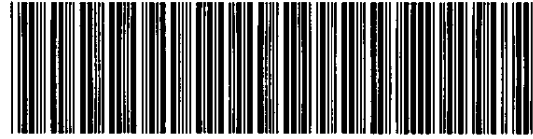
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264260800

09/15/14--01006--006 **35.00

*Resignation
Of Officer*

FILED
SEP 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
9/19/14*

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED

2014 SEP 15 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, María A. SOTO, hereby resign as OS (Title)

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

F96995, a corporation organized under the laws of the State of
(Document Number, if known)

María A. Soto
(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