

F96995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

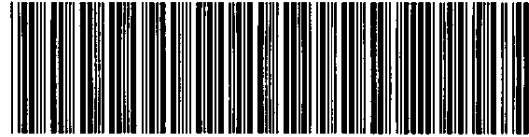
(Business Entity Name)

(Document Number)

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

*Resignation
Of Officer*

FILED
2011 SEP 15 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*DR
9/19/14*

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: F969951

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

Please return all correspondence concerning this matter to the following:

Maria A. Soto
(Name of Person)

(Name of Firm/Company)

5757 COLLINS AVENUE #1507
(Address)

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

For further information concerning this matter, please call:

FRANKISO SOTO (son) at (908) 672-6468
(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**

FILED

2014 SEP 15 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Maria A. Soto, hereby resign as OS (Title)

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

F96995

(Document Number, if known)

, a corporation organized under the laws of the State of

Maria 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