

N19 0000006270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

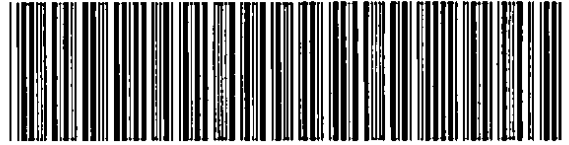
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAR 24 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FL

g 4/10/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: small business pharmacies aligned for reform, inc

(Name of Corporation)

DOCUMENT NUMBER: n19000006270

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:

dawn butterfield

(Name of Person)

small business pharmacies aligned for reform inc

(Name of Firm/Company)

407 e 7th ave

(Address)

tallahassee fl 32303

(City/State and Zip Code)

For further information concerning this matter, please call:

dawn butterfield

3214829552

(Name of Person)

at (_____) _____
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

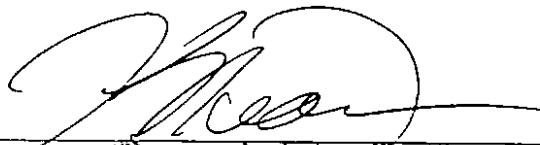
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, kevin j duane, hereby resign as treasurer
(Title)

of small business pharmacies aligned for reform, inc
(Name of Corporation)

n19000006270, a corporation organized under the laws of the State of
(Document Number, if known)
florida


(Signature of resigning officer/director)

FILED
2022 MAR 24 AM 7:29
SECRETARY OF STATE
TALLAHASSEE, FL

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