

N19 000000 6270

(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



300383997773

03/24/22--01020--003 \*\*87.50

FILED

2022 MAR 24 AM 7:31

SECRETARY OF STATE  
TALLAHASSEE, FL

cf 4/10/2022

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** small business pharmacies aligned for reform, inc  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** n19000006270  
\_\_\_\_\_

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

dawn butterfield

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(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

\_\_\_\_\_  
(Name of Person)

at (\_\_\_\_\_) 3214829552  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,  
Florida Statutes, the undersigned, kevin j duane  
(Name of Registered Agent)

hereby resigns as Registered Agent for small business pharmacies aligned for reform inc  
(Name of Corporation)

n19000006270

(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:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

2022 MAR 24 AM 7:32  
SECTION OF STATE  
TALLAHASSEE, FL

FILED

**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withdrawn corporation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