

P00000061162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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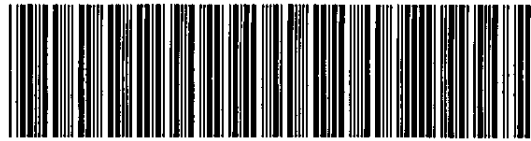
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Courthotte

C. Courthotte JAN 08 2007

LAW OFFICES OF
SCOTT MARGULES, P.A.

AVENTURA CORPORATE CENTER, SUITE 303
20801 BISCAYNE BOULEVARD
AVENTURA, FLORIDA 33180

TELEPHONE: 305- 933-8933
FACSIMILE: 305- 933-0334
EMAIL: margatty@bellsouth.net

December 22, 2006

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

RE: Colonial Wholesale Drugs, Inc.

Dear Sir or Madam:

Enclosed please find the following:

1. Cover Letter.
2. Officer/Director Resignation for a Corporation (original and a copy).
3. Check made payable to Florida Department of State in the amount of \$35.00, representing amendment fee.
4. Self-addressed, stamped envelope for returning stamped copy with proof of filing.

If additional information is needed, please advise.

Thank you.

Sincerely,

**Dictated but not signed in
order to expedite delivery.**

SCOTT MARGULES, ESQ.
SM/cc

cc: Colonial Wholesale Drugs, Inc.

Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COLONIAL WHOLESALE DRUGS, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000061162

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

Please return all correspondence concerning this matter to the following:

SCOTT MARGULES, ESQUIRE

(Name of Person)

LAW OFFICES OF SCOTT MARGULES, P.A.

(Name of Firm/Company)

20801 BISCAYNE BLVD., SUITE 303

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

SCOTT MARGULES, ESQ.

(Name of Person)

at (305) 933-8933

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, WARREN BLATT, hereby resign as OFFICER AND DIRECTOR
(Title)

of COLONIAL WHOLESALE DRUGS, INC.
(Name of Corporation)

P00000061162, a corporation organized under the laws of the State of
(Document Number, if known)
FLORIDA



(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA