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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

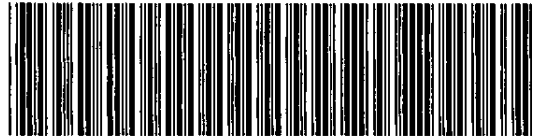
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Resignation*  
*to RA*

12/20/12--01011--009 \*\*35.00

FILED  
2012 DEC 20 PM 4:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Boor*  
*12/21/12*



**CAPITOL  
SERVICES**

**Resignation of Registered Agent for a  
Corporation**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitol-services.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 12/17/2012  
**STATE:** FLORIDA  
**REP UNIT:** VERIFIED PRESCRIPTION  
SAFEGUARDS, INC.

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Enclosed for filing please find a Resignation of Registered Agent for a Corporation for the above referenced name, which is to be filed in your office. Enclosed is check # 23323 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

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Capitol Corporate Services, Inc.  
Registered Agent Services



24-24606H

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VERIFIED PRESCRIPTION SAFEGUARDS, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P00000070784

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:

Rhonda Peirce  
(Name of Person)

Capitol Services Registered Agent Department  
(Name of Firm/Company)

800 Brazos, Ste 400  
(Address)

Austin, TX 78701  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Peirce at ( 800 ) 345-4647  
(Name of Person) (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.

**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

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED

2012 DEC 20 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capitol Corporate Services, Inc.

(Name of Registered Agent)

hereby resigns as Registered Agent for VERIFIED PRESCRIPTION SAFEGUARDS, INC.

(Name of Corporation)

P00000070784

(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:

Cheryl Roberts

(Typed or Printed Name)

President

(Capacity)

**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