## P01000113696

(Re	equestor's Name)	
	,	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nam	ne)
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(Do	cument Number)	
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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OB JAN 30 PM 4: 06
SECRETARY OF STATE
ANASSEE, FLORID

Resign 2/4/08 DC

## **COVER LETTER**

	endment Section ision of Corporations	
SUBJECT:		
	(Name of Corporation)	
DOCUME	NT NUMBER: P01000113696	
The enclose	ed Resignation of Registered Agent for a Corporation and fee are submitted for fil	ling.
Please retur	rn all correspondence concerning this matter to the following:	
Gisela Fa	asco	
	(Name of Person)	
Broad and	d Cassel	
	(Name of Firm/Company)	
2 South B	Biscayne Boulevard, 21st Floor	
	(Address)	
Miami, Flo	orida 33131	
	(City/State and Zip Code)	
For further i	information concerning this matter, please call:	
o: . =	sco at ( 305 ) 373-9419	
Gisela Fas	at ( 305 ) 373-9419	

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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

Pursuant to the provisions of sections 6	07.0502(2), 617.0502(2), 607.1509, or 617.1	509,	
Florida Statutes, the undersigned, B	& C Corporate Services, Inc.		_
	(Name of Registered Agent)		
hereby resigns as Registered Agent for	Prime Pharmaceutical USA Corp.		•
, , , , , , , , , , , , , , , , , , , ,	(Name of Corporation)		
P01000113696			
(Document Number, if known)	<del>_</del>		
A copy of this resignation was mailed to	o the above listed corporation at its last know	n address.	•
The agency is terminated and the office this statement is filed.	e discontinued on the 31st day after the date of	n which	
Jule (Si	gnature of Resigning Agent)	08 JAN 30 SECRETAR	77
If signing on behalf of an entity:	ASSEE	130 PK	m
Gisela Fasco		7 '	0
. (	Typed or Printed Name)	STATE	
Vice President	•	_	

## 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

(Capacity)