

P02000060429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

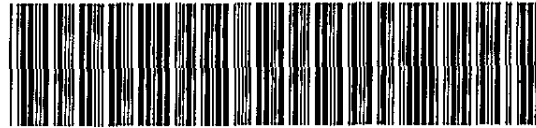
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900038309099

06/30/04--01009--001 **35.00

FILED
04 JUN 30 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

②
do P
P
P

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Adams Diabetic Supply Inc.
(Name of Corporation)

DOCUMENT NUMBER: P02000060429

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

Please return all correspondence concerning this matter to the following:

Arnon Sadorovsky
(Name of Person)

Adams Diabetic Supply Inc.
(Name of Firm/Company)

2436 N. Federal Hwy #229
(Address)

1-lighthouse Point FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Arnon Sadorovsky at (561) 330 0725
(Name of Person) (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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Joell C. Adams, hereby resign as President
(Title)

of Adams Diabetic Supply Inc.
(Name of Corporation)

P02000060429, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Joell C Adams
(Signature of resigning officer/director)

FILED
04 JUN 30 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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