## 82000060429

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SECRETARY OF STATE
TALLAHASSEE, FLORIT



## TRANSMITTAL LETTER

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Cann Sadovsky  (Name of Person)  Adams Diabetic Supply Inc.  (Name of Firm/Company)  2436 N. Federal Hwy # 229  (Address)  1-ighthouse Point Tu 33064  (City/State and Zip Code)	TO: Amendment Section Division of Corporations
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Oavon Sadovsky  (Name of Person)  Adams Diabetic Supply Inc.  (Name of Firm/Company)  Please of Firm/Company)  1-19h-Louse Joint Tu 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	SUBJECT: Adams Diabetic Supply Inc.
Please return all correspondence concerning this matter to the following:  Qaron Sadovsky (Name of Person)  Adams Diabetic Supply Inc. (Name of Firm/Company)  2436 N. Federal Hwy #229  (Address)  1-19Whouse Point To 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	DOCUMENT NUMBER: P0200060429
Claron Sadovsky (Name of Person)  Adams Diabetic Supply Inc. (Name of Firm/Company)  2436 N. Federal Hwy #229  (Address)  1-ighthouse loint TL 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Adams Diabetic Supply Inc.  (Name of Firm/Company)  2436 N. Federal Huy #229  (Address)  1-ighthouse Point TL 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	Please return all correspondence concerning this matter to the following:
2436 N. Federal Hwy #229  (Address)  1-19hlhouse Point TL 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	Canon Sadovsky (Name of Person)
1-19h Louse Point TU 33064  (City/State and Zip Code)  For further information concerning this matter, please call:	Adams Diabetic Supply Inc. (Name of Firm/Company)
For further information concerning this matter, please call:	2436 N. Federal Hwy #229
	1-ighthouse Point FL 33064 (City/State and Zip Code)
(Name of Person)  at (S61) 3300725  (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	(Name of Person) at (S61) 3300725 (Area Code & Daytime Telephone Number)

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

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

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1, Joell C. Adams, hereby resign as PResident	dent (Title)
of Adams Diabetic Supply Inc. (Name of Corporation)	
PO200060429, a corporation organized under the laws of (Document Number, if known)	the State of
Florida.	70 0
	ECRETA LLLAHA
Gignature of resigning officer/director)	SSEE, FLI
	ORIO ORIO

## 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