

P02000112228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

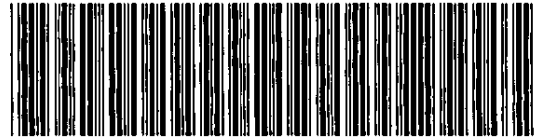
(Document Number)

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05/05/17--01017--008 **25.00

05/24/17--01022--004 **10.00

FILED
17 MAY 19 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

10/D Resign.

MAY 24 2017

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2017

JESSICA MAMAN
1109 E. HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

SUBJECT: PHARMCORE INC.
Ref. Number: P02000112228

We have received your document for PHARMCORE INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

There is a balance due of \$10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00009128

RECEIVED
17 MAY 19 PM 12:56
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pharmcore Inc
(Name of Corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jessica Maman
(Name of Person)

Hallandale Pharmacy
(Name of Firm/Company)

1109 E. Hallandale Bch Blvd.
(Address)

Hallandale, FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Maman at (954) 455 3822
(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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, David Mizrahi, hereby resign as Treasurer
(Title)

of Pharmcore Inc.
(Name of Corporation)

P0200011228, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

David Mizrahi
(Signature of resigning officer/director)

FILED
17 MAY 19 PM 3:04
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