Division of Corporations Public Access System

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To: Division of Corporations Fax Number

: (850) 205-0380

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305) 634-3694 Phone

fax Number : (305)633-9696

REGISTERED AGENT RESIGNATION

FRONTIER PHARMACIES, INC.

Certificate of Status	. 0
Certified Copy	. 0
Page Count	02
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617, 1509,
Florida Statutes, the undersigned, MARK D. COHEN. ESO. (Name of Registered Agent)
· · · · · · · · · · · · · · · · · · ·
hereby resigns as Registered Agent for FRONTIER PHARMACIES, INC. (Name of Corporation)
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. (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 Messigning Agent) If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make theths payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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