

P04 000122102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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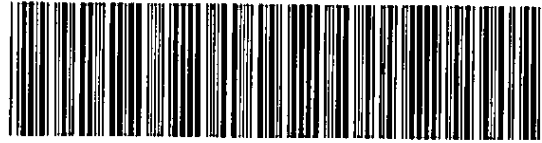
(Business Entity Name)

(Document Number)

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## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pines Discount Pharmacy, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000122102  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Adimula, Adekunle  
\_\_\_\_\_  
(Name of Person)

Pines Discount Pharmacy, INC.  
\_\_\_\_\_  
(Name of Firm/Company)

631 NW 100TH PLACE  
\_\_\_\_\_  
(Address)

PEMBROKE PINES, FL 33024  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Daly at ( 561 ) 214 - 3828  
\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Adekunle Adimula, hereby resign as Officer/Director  
(Title)

of Pines Discount Pharmacy, INC.  
(Name of Corporation)

Pines Discount Pharmacy, INC., a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

**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

**FILED**  
2021 SEP 24 PM 12:08  
TALLAHASSEE  
FLORIDA