# P04000122102

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### **COVER LETTER**

SUBJECT:	Pines Discount Pharmacy, INC.	
30mi.cr	(Name of Corporation)	
DOCUMENT NUMBER:	P04000122102	
The enclosed Resignation of Regis	stered Agent for a Corporation and fee are submitted for fil	ing
Please return all correspondence c	oncerning this matter to the following:	
Adekunle Adi	mula	
(Name of Pe	rson)	
BRYANT TAYI	OR LAW	
(Name of Firm/C	ompany)	
261 NORTH UNIVERSITY DRIVER	EMBROKE PINESSTE 500	
(Address	)	
PLANTATIO	N. FL 33324	
(City/State and Z	ip Code)	
For further information concerning	g this matter, please call:	
Jessica Dalv	561 214 - 3828 at ( )	
(Name of Person)	(Area Code & Daytime Telephone Number)	

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

#### 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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

503(2), 617.0502(2), 607.1509, or 617.1509,	
BRYANT TAYLOR LAW	
(Name of Registered Agent)	
Pines Discount Pharmacy, INC	
(Nume of Corporation)	
above listed corporation at its last known address.	
ontinued on the 31st day after the date on which	
Amorte	
re of Resigning Agent)	
NT TAYLOR LAW	
d or Printed Name)	
egistered Agent	
egistered Agent P P P P P P P P P P P P P P P P P P P	
s document:	
orporation	
tratively dissolved/voluntarily dissolved/	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, F1. 32314

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