

PD4DD00129506

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Center City Pharmacy, Inc
(Name of Corporation)

DOCUMENT NUMBER: PO4000129506

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

Please return all correspondence concerning this matter to the following:

Thomas Rebhandl
(Name of Person)

Center City Pharmacy, Inc
(Name of Firm/Company)

416 Clematis ST
(Address)

West Palm Beach, FL 33401
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Rebhandl at (561) 373-4311
(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, Joel Rivera, hereby resign as OWNER
(Title)

of Center City Pharmacy, Inc.
(Name of Corporation)

PO4000129506, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

Joel Rivera
(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

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