## POH000135804

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PRINCESA PHARMACY, INC. (Name of Corporation)
DOCUMENT NUMBER: P04000135804
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
PALMIRA MONTES
(Name of Person)
(Name of Firm/Company)
12365 NW 6 ST
(Address)
MIAMI, FL 33182
(City/State and Zip Code)
For further information concerning this matter, please call:
PALMIRA MONTES at ( 786 ) 301-2126  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections of	607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned,P.	ALMIRA MONTES
·	(Name of Registered Agent)
hereby resigns as Registered Agent for	PRINCESA PHARMACY, INC.
	(Name of Corporation)
P04000135804	
(Document Number, if known)	
A copy of this resignation was mailed	to the above listed corporation at its last known address.
this statement is filed.	a discontinued on the 31st day after the date on which
If signing on behalf of an entity:	ignature of Resigning Agent)  OF APR 29  AHASSEE, S
	(Typed or Printed Name)
	(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

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