## P05000151067

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Submoss Entry (Mino)			
(Document Number)			
•			
Certified Copies Certificates of Status			
Considerations to Filling Officer			
Special Instructions to Filing Officer:			

Office Use Only



300111268333

Off Resign

10/24/07--01019--019 \*\*35.00



## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: NANY'S PHAR	RMACY & DISCOUNT, CO	RP.
DOCUMENT ATTICOPED	P05000151067	ration)
DOCUMENT NUMBER:_		· · · · · · · · · · · · · · · · · · ·
The enclosed Officer/Directo	r Resignation for a Corporatio	n and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to t	he following:
NIURKA MOREY		
(Name	of Person)	-
NANY'S PHARMACY & D	DISCOUNT, CORP.	
(Name of F	irm/Company)	-
7422 SW 159 PLACE		
(Ad	dress)	
MIAMI, FL. 33193		
(City/State	and Zip Code)	-
For further information conce	erning this matter, please call:	
NIURKA MOREY	at (	385-9663
(Name of Perso	(Area Cod	le & Daytime Telephone Number)
Enclosed is a check for \$35.0	0 made payable to the Florida	Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporation Post Office Box 6327 Tallahassee, FL 32314	

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, hereby resign as VICE PRESIDENT	
(Title)	
T, CORP.	
poration)	
orporation organized under the laws of the State of	
1	

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