

PD6000098991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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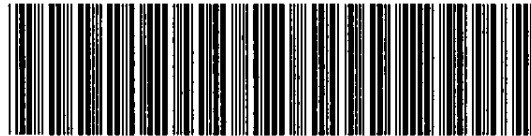
(Business Entity Name)

(Document Number)

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05/25/12--01020--003 \*\*35.00

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12 MAY 25 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Off Resign*

MAY 29 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** All Star Pharmacies  
(Name of Corporation)

**DOCUMENT NUMBER:** PO6000098991

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

Please return all correspondence concerning this matter to the following:

Duane McKinn  
(Name of Person)

All Star Pharmacies  
(Name of Firm/Company)

P.O. Box 429  
(Address)

Placida, FL 33946  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pierce J. Guard, Jr. at (863) 619-7388  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 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 Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

FILED

OFFICER / DIRECTOR RESIGNATION 2 MAY 25 AM 10:44  
FOR A CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Karen McBrown, hereby resign as President  
(Title)

of All Star Pharmacies, Inc.  
(Name of Corporation)

PD6000098991, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

Karen McBrown  
(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