

PD9000073388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 10 AM 9:58

OD / RES  
@ 8/16/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sterling Pharmacy Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P09000073388

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Lisa Delgado  
(Name of Person)

N/A  
(Name of Firm/Company)

1090 N.W. 27th Street  
(Address)

Miami, Florida 33128  
(City/State and Zip Code)

For further information concerning this matter, please call:

LISA DELGADO at (786) 493-6874  
(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

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, LINA DELGADO, hereby resign as PRESIDENT  
(Title)

of STERLING PHARMACY  
(Name of Corporation)

09000073388, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida.

Lina Delgado  
(Signature of resigning officer/director)

12 AUG 10 AM 8:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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