

PO9 000086 336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

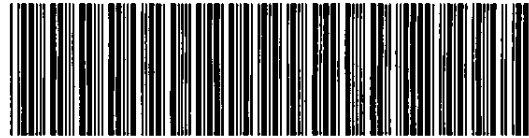
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000254588450

000254588450
12/16/13--01059--001 **35.00

FILED

13 DEC 16 PM 3:29

order
12/23/13

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Discount Pharmacy Corp.
(Name of Corporation)

DOCUMENT NUMBER: P09000086336

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

Please return all correspondence concerning this matter to the following:

Jason Carter
(Name of Person)

American Discount Pharmacy Corp.
(Name of Firm/Company)

110 E. Main St. Suite A
(Address)

Immokalee, FL 34142
(City/State and Zip Code)

For further information concerning this matter, please call:

Jason Carter at (239) 658-6123
(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, Jason Carter, hereby resign as Secretary and Treasurer
(Title)

of American Discount Pharmacy Corp.
(Name of Corporation)

P09000086336, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

Jason Carter
(Signature of resigning officer/director)

FILED
19 DEC 16 PM 3:29

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