P09000090766

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Stories Linky (tarrey)
(Document Number)
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SECRETARY OF STATE

off. Resign.

TF

FEB 1 7 2010

COVER LETTER

Division of Corporations
SUBJECT: HALLANDALE PHAPHACY INC. (Name of Corporation)
DOCUMENT NUMBER: P D 90000 90766
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Name of Person)
HALLANDALE PHARMACY, INC. (Name of Firm/Company)
11950 SW 31ST PLACE (Address)
DAVIE, FI 33330 (City/State and Zip Code)
For further information concerning this matter, please call:
TAISER FIGUERED at (786) 218-0810 (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

TO:

Amendment Section

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, JAISER FIGUERED, hereby resign as VICE_PRESIDENT (Title)	
of HALLANDALE PHARMACY, INC. (Name of Corporation)	· [,]
P0900090766 , a corporation organized under the laws of the State of (Document Number, if known)	
Florida.	
SECRITARY OF STATE (Signature of resigning officer/director) RECRITARY OF STATE (Signature of resigning officer/director)	FILED

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