

PD9000093038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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@ 5/21/14

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARY RX CORP

(Name of Corporation)

DOCUMENT NUMBER: P09000093038

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

Please return all correspondence concerning this matter to the following:

OSLAY BORREGO

(Name of Person)

(Name of Firm/Company)

350 NW 27th Ave

(Address)

MIAMI, FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

OSLAY BORREGO

(Name of Person)

at (305) 644 2221
(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, OSLAY BORREGO, hereby resign as PDTS
(Title)

of CARY RX CORP
(Name of Corporation)

P09000093038, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(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

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14 MAY 12 PM 2:46