## P10000008003

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



400240193474

10/01/12--01038--001 \*\*87.50

12 OCT -1 11 IO: 54

PA/RES

## **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: Pharma Klscarch Internationa/ (Name of Corporation)
DOCUMENT NUMBER: <u>P100008003</u>
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dv. Jacqueline Romero
(1) arne of Person)
(Name of Firm/Company)
90 Cypross Way E Ste 10
Naples, FL 34110 (City/State and Zip Code)
For further information concerning this matter, please call:
Nocli Ponto (offmar) at (239) 5/4-73/5 (Area Code & Daytime Telephone Number)
The state of the s

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

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

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, DY. Jacque in Koncero (Name of Registered Agent)
hereby resigns as Registered Agent for Pharma Research Internation
<u>P1000008003</u>
(Document Number, if known)
A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.  (Signature of Resigning Agent)
If signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)

## Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314