P10000052107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

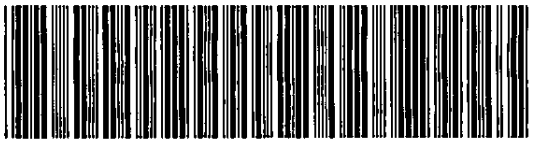
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278290323

10/22/15--01008--007 **35.00

15 OCT 22 AM 10:21

OCT 26 2015

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. RBAKAH PHARMACY INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000052707

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

Please return all correspondence concerning this matter to the following:

SHERIEN F. GABER
(Name of Person)

(Name of Firm/Company)

1431 ORANGE CAMP RD STE 102
(Address)

DELAND, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

MAGDY FAM at (386) 672-0600
(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, SHERIEN F. GABER, hereby resign as SECRETARY
(Title)

of ST. RBAKAH PHARMACY INC.
(Name of Corporation)

P10000052707
(Document Number, if known), a corporation organized under the laws of the State of FLORIDA.

(Signature of resigning officer/director)

15 OCT 22 AM 10:21

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