

P10000055135

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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01005  
P10000055135  
9/27

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Navaza Pharmacy Corp  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000055135

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

Please return all correspondence concerning this matter to the following:

Orestes Aleman  
(Name of Person)

Navaza Pharmacy Corp  
(Name of Firm/Company)

2901 SW 8 ST, Suite 107  
(Address)

Miami, FL 33135  
(City/State and Zip Code)

For further information concerning this matter, please call:

Orestes Aleman at ( 786 ) 558-8533  
(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

RECEIVED

11 AUG 31 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Raul Gamio Gonzalez, hereby resign as VPD  
(Title)

of Navaza Pharmacy  
(Name of Corporation)

P10000055135, 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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