

P10001077105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

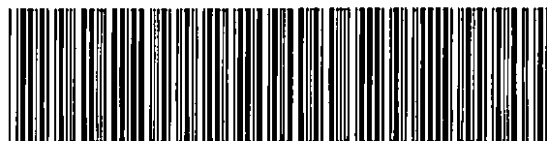
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Walk in \$ 87.50

Office Use Only



800317796578

08/31/18--01004--008 **145.00

09/06/18--01002--009 **52.50

S TALLENT
SEP 06 2018

RECEIVED
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

18 AUG 31 AM 10:43

RECEIVED
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

18 SEP -5 AM 7:18

R/A-Resigned



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2018

CORPORATE ACCESS, INC.
FLORIDA COAST PHARMACY, INC

SUBJECT: FLORIDA COAST PHARMACY, INC
Ref. Number: P10000077105

We have received your document and check(s) totaling \$145.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The fee to resign as registered agent of an active corporation is \$87.50.

THERE IS A BALANCE OF \$52.50 DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 618A00018225

RECEIVED
DEPARTMENT OF STATE
18 SEP -5 PM 3:02

Corrected

**CORPORATE
ACCESS,
INC.***When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN**PICK UP:**8/31☐ **CERTIFIED COPY**☒ **PHOTOCOPY**☐ **CUS**☒ **FILING**resignation

1. Florida Coast Pharmacy Inc.
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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, _____

Maylin Castellanos
(Name of Registered Agent)

hereby resigns as Registered Agent for _____

Florida Court Pharmacy, INC
(Name of Corporation)

P10000077105

(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]

(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**

FILED

18 SEP -5 AM 7:18