

P100000098753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

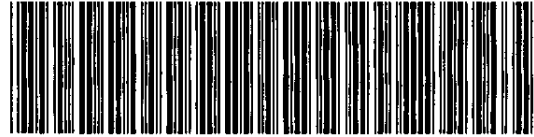
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800247014118

*Resignation  
to officer*

04/24/13--01009--007 \*\*35.00

FILED  
2013 APR 24 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DOOR*  
*4/30/13*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MI Pharmacy Discount, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P10000098753

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

Please return all correspondence concerning this matter to the following:

Michael Garcia

(Name of Person)

MI Pharmacy Discount, Inc.

(Name of Firm/Company)

8259 SW 38th Ter

(Address)

Miami, Florida 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

Iraida Alonso

(Name of Person)

at ( 786 ) 543-1283

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
2013 APR 24 PM 12:10

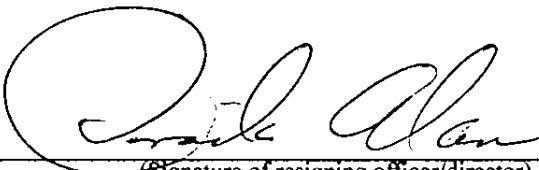
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, Iraida Alonso, hereby resign as Vice President  
(Title)

of MI Pharmacy Discount, Inc.  
(Name of Corporation)

P10000098753, 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