P10 0000 99463

(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:

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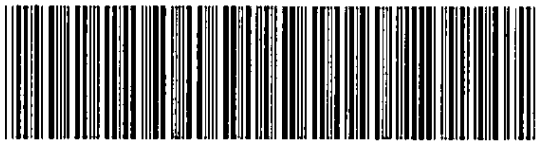

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01/22/20--01009--004 **10.00

10/26/19--01043--021 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 DEC 27 PM 11:16

Rt Resign.

JAN 10 2020

D CONNELL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 12, 2019

LAWRENCE S KLITZMAN
1301 INTERNATIONAL PKWY STE 120
SUNRISE, FL 33323

SUBJECT: RX TO YOU PHARMACY, INC.
Ref. Number: P10000099463

We have received your document and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee to resign as registered agent of an inactive corporation is $35.

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.

Darlene Connell
Regulatory Specialist II Supervisor Letter Number: 219A00025278

2019 DEC 27 PM 2:17

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2019

LAWRENCE S KLITZMAN
1301 INTERNATIONAL PKWY STE 120
SUNRISE, FL 33323

SUBJECT: RX TO YOU PHARMACY, INC.
Ref. Number: P10000099463

We have received your document for RX TO YOU PHARMACY, INC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a Ccorporation the document you sent in is for a LLC.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 519A00024025

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RX TO YOU PHARMACY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P10000099463

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:

Lawrence S. Klitzman
(Name of Person)

Klitzman Law Group, PLLC
(Name of Firm/Company)

1301 International Parkway, Suite 120
(Address)

Sunrise, Florida 33323
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence S. Klitzman at (954) 384 4421
(Name of Person) (Area Code & Daytime Telephone Number)

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.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

09 DEC -

CR2E046 (04/13)

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, Klitzman Law Group, PLLC (formerly Lawrence S. Klitzman, P.A.)
(Name of Registered Agent)

hereby resigns as Registered Agent for RX TO YOU PHARMACY, INC.
(Name of Corporation)

P10000099463
(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:

Lawrence S. Klitzman, Esquire
(Typed or Printed Name)

Manager
(Capacity)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2019 DEC 27 PM 11:16

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