

P11000004552

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(City/State/Zip/Phone #)

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TO: Amendment Section
Division of Corporations

SUBJECT: CANADIAN DRUG OUTLET SERVICES INC.
(Name of Corporation)

DOCUMENT NUMBER: P11000004552

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

McCord, Torla

(Name of Person)

CANADIAN DRUG OUTLET SERVICES INC.

(Name of Firm/Company)

P.O. Box 14233

(Address)

North Palm Beach, FL. 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Torla Mccord

(Name of Person)

at (561) 294-3025

(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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, McCord, Torla, hereby resign as SCTY
(Title)

of CANADIAN DRUG OUTLET SERVICES INC.
(Name of Corporation)

P11000004552, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

11 FEB 11 PM 12:40

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