

P110000021253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. LEMMON

NOV 09 2014

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** D'Leon Pharmacy Discount Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P11000021253

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

Please return all correspondence concerning this matter to the following:

Aldo D Leon

(Name of Person)

D'Leon Pharmacy Discount Inc.

(Name of Firm/Company)

1944 NW 17th Ave Suite B

(Address)

Miami FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

Adriana Hernandez at ( 305 ) 267-3778

(Name of Person)

(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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Aldo D Leon, hereby resign as President  
(Title)

of D'Leon Pharmacy Discount Inc.  
(Name of Corporation)

P11000021253, 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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