## P12000030561

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations
SUBJECT: Statewise X, Inc. (Name of Corporation)
SUBJECT: AATEWINE (Name of Corporation)
DOCUMENT NUMBER: P12000020561
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Many Jo Thiboutt
/ (Name of Person)
Statewise Rx Two. (Name of Firm/Company)
(Name of Firm/Company)
35375W Corporate Pkwy (Address)
(Address)
Palm City 71. 34990 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Many To Thiboult at (772) 485-1996 (Name of Person) (Area Code & Daytime Telephone Number)
(Mea 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, DiANA PALLADINO, hereby resign as_	PRESIDENT
•	(Title)
of StateWISE RX, INC.	·
(Name of Corporation)	
(Document Number, if known), a corporation organized under	er the laws of the State of
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