

P12000035215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

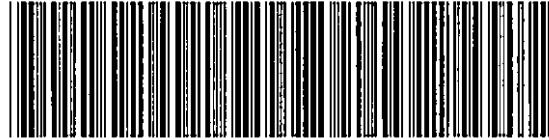
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FILED
2021 MAR -3 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FL

3/11/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2021

SAMANTHA B LINDO
701 SW 35TH AVE
BOYNTON BEACH, FL 33435

SUBJECT: VICTOR FARRIS PHARMACY INC
Ref. Number: P12000035215

We have received your document and check(s) totaling \$85.00. 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 \$2.50. 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 form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 621A00003468

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Victor Farris Pharmacy Inc
(Name of Corporation)

DOCUMENT NUMBER: P12000035215

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:

Samantha B Lindo
(Name of Person)

Victor Farris Pharmacy Inc
(Name of Firm/Company)

701 SW 35th Ave
(Address)

Boynton Beach, FL 33435
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha B Lindo at (714) 507-5142
(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of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.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

FILED

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

2021 MAR -3 PM 4: 57

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Mipal Patel
(Name of Registered Agent)

hereby resigns as Registered Agent for VICTOR FARRIS PHARMACY INC
(Name of Corporation)

P12000035215
(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:

(Typed or Printed Name)

(Capacity)

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