

P141070048479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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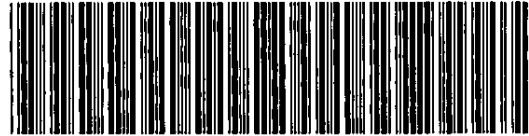
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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OCT 13 2014

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MED BLUE PHARMACY AND DISCOUNT INC
(Name of Corporation)

DOCUMENT NUMBER: P14000048479

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

Please return all correspondence concerning this matter to the following:

YARIMA COBOS

(Name of Person)

MED BLUE PHARMACY AND DISOCUNT INC

(Name of Firm/Company)

1850 SW 8 STREET #209

(Address)

MIAMI FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

YARIMA COBOS

(Name of Person)

at (**305**) **934-6506**

(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

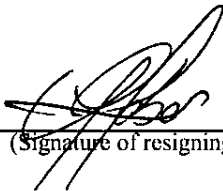
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, YAOSKA QUIROZ, hereby resign as VICE PRESIDENT
(Title)

of MED BLUE PHARMACY AND DISCOUNT INC
(Name of Corporation)

P14000048479, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

AMENDMENT OF STATE
TALLAHASSEE, FLORIDA

74 OCT -3 AM 10:33

FILED

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