

P140000 66806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

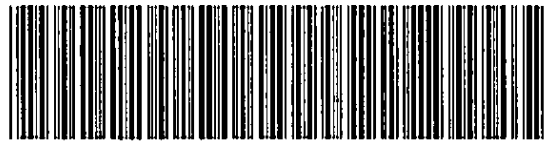
(Business Entity Name)

(Document Number)

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MAR 13 2018

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18 MAR 12 PM 6:12

OLD-Resign

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VS Hwy & PHARMACY Inc.
(Name of Corporation)

DOCUMENT NUMBER: P14000066806

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

Please return all correspondence concerning this matter to the following:

Misleidy Gonzalez
(Name of Person)

(Name of Firm/Company)

10241 PARK ROW CT
(Address)

ORLANDO, FL 32832
(City/State and Zip Code)

For further information concerning this matter, please call:

Misleidy Gonzalez at (786) 873-0833
(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, Misleidys Gonzalez, hereby resign as Secretary
(Title)

of US Hwy 3 PHARMACY Inc.
(Name of Corporation)

P14000066806, a corporation organized under the laws of the State of
(Document Number, if known)

Florida.



(Signature of resigning officer/director)

FILED
18 MAR 12 PM 6:12
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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