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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TOTAL PHARMACY & DISCOUNT, CORP

(Name of Corporation)

DOCUMENT NUMBER:_P14000071117

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

Please return all correspondence concerning this matter to the following:

MARIA CELIA MARTINEZ

(Name of Person)

TOTAL PHARMACY & DISCOUNT CORP

(Name of Firm/Company)

48 E 5TH ST

(Address)

HIALEAH FL, 33010

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA CELIA MARTINEZ , 954 274-0605

(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

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

14 HOV 24 AM 10: 55

_, hereby resign as President
(Title)
scount, Corp
tion)
oration organized under the laws of the State of
f resigning officer/director)

FILING FEE IS

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314