715000022148

(Re	equestor's Name)		
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to	Filing Officer:	4.		
		J. HORNE 20th		

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
Kosyak Consulting Inc SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P15000022148	(Name of Corporation)	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	
Tatiana E. Kosyak		
(Name of Person)		
Kosyak Consulting Inc		
(Name of Firm/Company)	
38 Laurel Ridge Break		
(Address)		
Ormond Beach, FL 32174		
(City/State and Zip Code))	
For further information concerning this ma	atter, please call:	
Tatiana E. Kosyak	386 235-8760 at ()	
(Name of Person)	at () (Area Code & Daytime Telephone Number)	
Enclosed is a check for \$35.00 made paya	ble to the Florida Department of State.	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

2024 11:15am	RBHC Pharmacy	14063951799	p.2
	OFFICER / DIRECTOR FOR A CORPOR		FILED 2024 JUL 29 PM 3: 04
Alexardr 1,	E. Kosyak, hereb	Treasurer by resign as	(Title)
Kosyat C	Consulting Inc		(Time)
of	(Name of Corporation)	1	·
P150000221 (Doc Florida	unient Number, if known)	rganized under the laws of	the State of
FIORICA	.		
	_		
	As	love	
	(Signature of resignin	5-KOSYAK	_
	24	1340/24	
	FILING FEE IS	\$35.00	
	Make checks payable to Florida Depa	rtment of State and mail t	o:
	Amendment Sect Division of Corpor		
	P.O. Box 6327 Tallahassee, Florida	7	
			·

Jul 24