

P1500060419

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

*Handwritten signature*

FEB 09 2016

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COAST TO COAST PHARMACY, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P15000060419

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

Please return all correspondence concerning this matter to the following:

FRANK P. SUESS  
(Name of Person)

COAST TOM COAST PHARMACY, INC.  
(Name of Firm/Company)

3381 FAIRLANE FARMS ROAD, 2B  
(Address)

WELLINGTON, FL. 33414  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK P. SUESS at (561) 312 5782  
(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, OLIVER C. SUESS, hereby resign as PRESIDENT  
(Title)

of COAST TO COAST PHARMACY, INC.  
(Name of Corporation)

P15000060419, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

  
(Signature of resigning officer/director)

**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

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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