

PI5000060419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 20 2016

T. LEMIEUX

# 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 SUESS

(Name of Person)

COAST TO 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

561

312 5782

(Name of Person)

at (

(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)

COAST TO COAST PHARMACY, INC.  
of \_\_\_\_\_  
(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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