## P150000073135

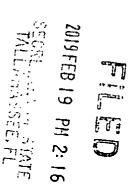
(Requestor's Name)	_	
(Address)	_	
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
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(Document Number)		
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## TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Surehealth Pharmacy
(Name of Corporation)
DOCUMENT NUMBER: P15000073135
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Oluronke Olufidipe
(Name of Person)
Surehealth Pharmacy Inc.
(Name of Firm/Company)
7945 NW 2nd St.
(Address)
Miami, FL, 33126
(City/State and Zip Code)
For further information concerning this matter, please call:
Adebayo Adeniyi at (305) 882-9101 (Area Code & Daytime Telephone Number)
(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:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 63272661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

TO: Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

, OLURONKE OLUFIDI	PE , hereby resign as_	PRESIDENT		
		(Title)		
of SUREHEALTH PHARMACY INC.				
P15000073135	f Corporation)  . a corporation organized unc	ler the laws of the State of		
(Document Number, if known) FLORIDA				
Resignation as	fresident was	m 12/28/18		
(Si	gnature of resigning officer/director	or)		
		20191 SEON TAL		
FI	LING FEE IS \$35.00  • Florida Department of St	2019 FEB 19 EEUR. TALL/MASS		
Make checks payable to	) Florida Department of St	ate and mail to: 2: 17		

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