## Plotteday48

| (Requ                                   | uestor's Name)         |  |
|---|------------------------|--|
| (Addı                                   | ess)                   |  |
| (Addr                                   | ess)                   |  |
| (City/s                                 | State/Zip/Phone #)     |  |
| PICK-UP                                 | WAIT MAIL              |  |
| (Busin                                  | ness Entity Name)      |  |
| (Document Number)                       |                        |  |
| Certified Copies                        | Certificates of Status |  |
| Special Instructions to Filing Officer: |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |

Office Use Only



000318221580

09/17/18--01014--017 \*\*35.00

18 SEP 17 AN 6:2

SEP 1 8 2018 S. YOUNG

## TRANSMITTAL LETTER

| SUBJECT: (Name of Corporation)   |
|--|
| (Name of Corporation)  DOCUMENT NUMBER: \$\(\lambda\) 0000 22648   |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.                    |
| Please return all correspondence concerning this matter to the following:  |
| Allan Dar Doe<br>(Name of Person)  |
| RES Pharmacy Inc   |
| (Name of Firm/Company)   |
| 7522 Wiles Rd. Ste B212  |
| (Address)  |
| Coral Springs FL, 33067 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Carlos Belone at (832) 896-3745  (Name of Person) at (832) Representation (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

**TO:** Amendment Section

Division of Corporations

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| 1, Allan Varboe, hereby resign as Directo                       | (le)         | <del></del> |
|---|--------------|-------------|
| of RES Pharmacy (Name of Corporation)                           |              |             |
| P1600022648 (Document Number, if known)  FLorida                | State of     |             |
|   |              |             |
| (Signature of resigning officer/director)                       |              |             |
|   |              |             |
| FILING FEE IS \$35.00   | IMLLÄHASSEE, | 18 SEP      |
| Make checks payable to Florida Department of State and mail to: | SEE          | 17<br>L     |

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314