P18000028464

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : A1A REGISTERED AGENT INC.
Account Number : I20050200032
Phone : (561)792-2236
Fax Number : (561)282-8082

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2023 APR -5 AM 11:05

REGISTERED AGENT RESIGNATION
PHARMA LAND INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$87.50

2023 APR -6 AM 9:49

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RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0503(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, A1A REGISTERED AGENT INC.
(Name of Registered Agent)

hereby resigns as Registered Agent for: PHARMA LAND INC
(Name of Corporation)

P13000028464
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Tina Maki
(Signature of Resigning Agent)

If signing on behalf of an entity:

TINA MAKI
(Typed or Printed Name)

DP
(Capacity)

APR 6 PM 2:02

Fee for filing this document:
$87.50 - Active Corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E046 (12/15)

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