P180000 93293

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TRANSMITTAL LETTER

SUBJECT: Hill Derm Pharmacy, Inc. (Name of Corporation) DOCUMENT NUMBER: P18000093293 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Larry M. Roth (Name of Person) Larry M. Roth, P.A. (Name of Firm/Company) P.O. Box 1150 (Address) Winter Park, FL 32790 (City/State and Zip Code) For further information concerning this matter, please call: Larry M. Roth (Name of Person) Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

CR2E044 (05/13)

Mailing Address:

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Susan G. Roth	Vice President/Secretary
· · · · · · · · · · · · · · · · · · ·	(Title)
_{of} Hill Derm Pharmacy, I	nc.
(Name of Cor	poration)
P18000093293	orporation organized under the laws of the State of
(Document Number, if known)	orporation organized under the laws of the State of
Florida	
Susar (Signatu	re of resigning officer/director)
FILIN	G 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