

P19 000000471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

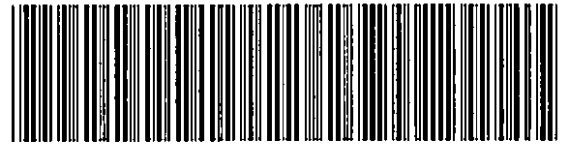
(Document Number)

Certified Copies _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2023

TIMOTHY LIGGETT
2100 SE OCEAN BLVD
STE. 300
STUART, FL 34996 US

SUBJECT: PRESCRIPTION HOPE, INC.
Ref. Number: P19000000471

We have received your document for PRESCRIPTION HOPE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

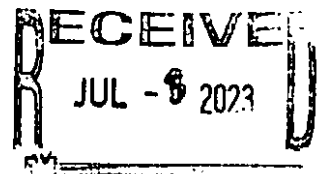
The form you submitted is for a LLC, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 223A00013732



TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Prescription Hope, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P19000000471

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Kraft
(Name of Person)

Prescription Hope
(Name of Firm/Company)

2100 SE Ocean Blvd. #300
(Address)

Stuart FL 34996
(City/State and Zip Code)

For further information concerning this matter, please call:

James Kraft at (772) 341-7566
(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:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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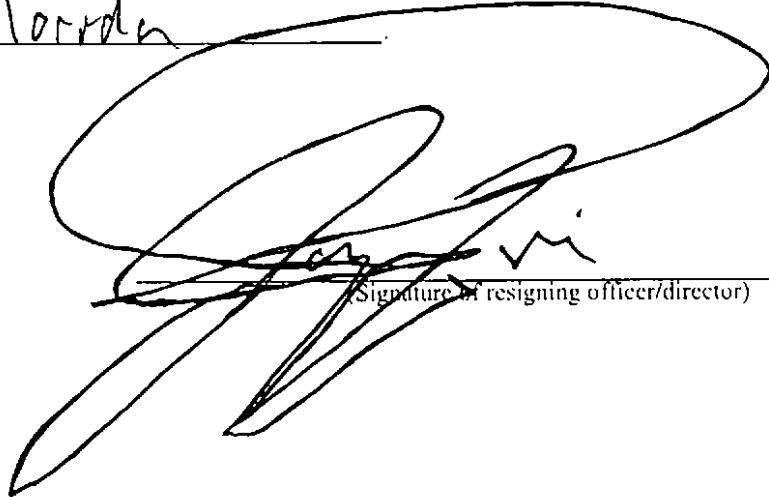
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Douglas Pierce, hereby resign as President, Treasurer
(Title)

of Prescription Hope, Inc.
(Name of Corporation)

P19000000471, a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

2023.1.11.10

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