

P21 000053297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

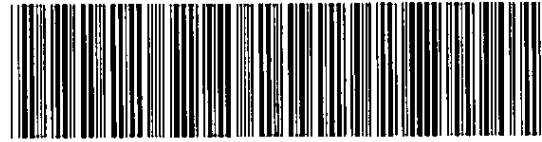
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700378304487

12/27/21--01025--009 \*\*35.00

2021 DEC 27 PM 2:18  
RECEIVED  
FILING OFFICE

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Elite Pharmacy Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P21000053297

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

Please return all correspondence concerning this matter to the following:

Yenis Lorenzo  
(Name of Person)

Elite Pharmacy Inc  
(Name of Firm/Company)

7011 N Manhattan Ave  
(Address)

Tampa, FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yenis Lorenzo at ( 813 ) 4641788  
(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

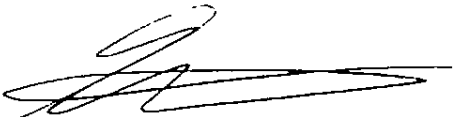
**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Nelson Martinez, hereby resign as Vice President  
(Title)

of Elite Pharmacy Inc  
(Name of Corporation)

P21000053297, a corporation organized under the laws of the State of  
(Document Number, if known)  
Florida

  
(Signature of resigning officer/director)

2021 DEC 27 PM 2:18  
OFFICE

**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