## P32926

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		•
SUBJECT: THRIFT DRUG, INC.		<u> </u>
	(Name of Corporation)	
DOCUMENT NUMBER: P3292	26	
The enclosed Resignation of Registor	ered Agent for a Corporation and fee a	re submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:	
Wayne Rafanelli, Vice Presiden	nt	
(Name of Person	on)	
National Corporate Research, L	·	
(Name of Firm/Co	mpany)	
615 South DuPont Highway		
(Address)		
Dover, DE 19901		
(City/State and Zip	Code)	·
For further information concerning	this matter, please call:	
Brenda Carter	at ( 800 ) 483-1140 (Area Code & Daytime Tel	
(Name of Person)	(Area Code & Daytime Tel	ephone Number)
Enclosed is a check made payable to or \$35.00 for an administratively dis	o the Florida Department of State for \$ ssolved, voluntarily dissolved or withd	87.50 for an active corporation rawn corporation.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections $607.0502(2)$ , $617.0502(2)$ , $607.1509$ , or $617$ .	1509,				
Florida Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, L (Name of Registered Agent)	Statutes, the undersigned, NATIONAL CORPORATE RESEARCH, LTD.				
hereby resigns as Registered Agent for THRIFT DRUG, INC.  (Name of Corporation)	<b></b>	· ·			
P32926					
(Document Number, if known)					
A copy of this resignation was mailed to the above listed corporation at its last known	wn address.				
The agency is terminated and the office discontinued on the 31st day after the date this statement is filed.	ATASS OTTAR				
Wayne Rafauell.	PH 4: 32 Y OF STATE SEE, FLORID				
(Signature of Resigning Agent)	STAT OR				
If signing on behalf of an entity:					
Wayne Rafanelli	×	4			
(Typed or Printed Name)					
Vice President	·				
(Capacity)					

## 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\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation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