P9500082732

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
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12 007 -5 PM 1:00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: American Diabetic Supply, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P95000082732
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
Randy Helle
(Name of Person)
American Diabetic Supply, Inc.
(Name of Firm/Company)
400 South Atlantic Avenue Suite 108
(Address)
Ormond Beach FL 32176
(City/State and Zip Code)
For further information concerning this matter, please call:
Randy Helle at (386) 677-1002
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
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

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: American Diabetic S	upply, Inc.
	(Name of Corporation)
DOCUMENT NUMBER: P950	00082732
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Please return all correspondence con	cerning this matter to the following:
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(Name of Perso	on)
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(Name of Firm/Cor	mpany)
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(Address)	
Ormond Beach FL 32176	
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Tallahassee, FL 32301	······································



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2012

RANDY HELLE AMERICAN DIABETIC SUPPLY, INC 400 SOUTH ATLANTIC AVENUE SUITE 108 ORMOND BEACH, FL 32176 US

SUBJECT: AMERICAN DIABETIC SUPPLY, INC.

Ref. Number: P95000082732

We have received your document for AMERICAN DIABETIC SUPPLY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A director and registered agent cannot both resign using the same form. Each resignation requires a separate form and filing fee.

To file a resignation as an officer or director with this office, the enclosed form should be completed and returned with a filing fee of \$35 per person resigning.

To resign as registered agent for an active corporation, the enclosed resignation form should be completed and returned with a filing fee of \$87.50.

SECRETARY OF STATE ALLAHASSEE, FLORIDA 12 GOT -5 PM 1: 00

JANET HELLE		resign as DIRECTOR
*) 		(Title)
<i>F</i> -	₹ (
of AMERICAN DIABETIC SU	PPLY, INC.	
	une of Corporation)	
P95000082732	a corporation org	anized under the laws of the State of
(Document Number, if known)		•
FLORIDA		

Make checks payable to Florida Department of State and mail to:

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