

P97000092068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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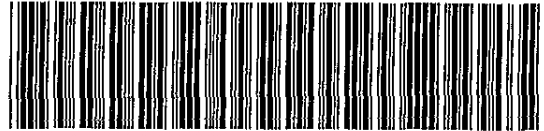
(Business Entity Name)

(Document Number)

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03/05/03--01063--009 \*\*105.00

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FILED  
03 APR 14 PM 1:24  
TALLAHASSEE, FLORIDA

00678  
\*00780, 00524, 00721, 00671

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** RX-PLUS INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P97000092068

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE CASTILLO  
(Name of Person)

RX-PLUS INC  
(Name of Firm/Company)

1562 SE VILLAGE  
(Address)

PORT ST. LUCIE FL 34952  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE CASTILLO at (921) 693-8863  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 19, 2003

Jose Castillo  
RX Plus Inc.  
1562 SE Village  
Port St. Lucie, FL 34952

SUBJECT: RX PLUS, INC.  
Ref. Number: P97000092068

We have received your document for RX PLUS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The fee for filing the resignation of registered agent is \$87.50 since your corporation is an active corporation. Please see the attached printout.

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

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) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 303A00016464

RECEIVED  
03 APR 14 AM 9:28  
DIVISION OF CORPORATIONS

**RESIGNATION OF REGISTERED AGENT  
FOR A CORPORATION**

FILED  
03 APR 14 PM 1:24  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, JOSE CASTILLO  
(Name of Registered Agent)

hereby resigns as Registered Agent for RX PLUS, INC.  
(Name of Corporation)

997000092068  
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

[Signature]  
(Signature of Resigning Agent)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(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