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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROYED AND



## **COVER LETTER**

TO: Registration Section **Division of Corporations** SUBJECT: Hepco Medical LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Patricia C Gil (Contact Person) Hepco Medical, LLC (Firm/Company) 100 Bluff View #102B (Address) Belleair Bluffs, FL 33774 (City/State and Zip Code) For further information concerning this matter, please call: Patricia C Gil (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (12/13)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as	it appears on the records of the Florida Department
2. The Florida doct L12000124	•	f this limited liability company is:
3. The date this me	mber withdrew or will witho	draw is: February 12, 2014
<sub>4. I,</sub> Daniel Ari Gil		, hereby resign as a Member
(Print Name of Person Resigning)		(Print Title)
resignation in wr		nager, Member  11-26-14  Melley Show
CR2F079 (12/13)	( <b>a</b> p	Shelley Snow State of Florida  My Commission Expires 06/30/2018  Commission No. FF 197781