P04000040183

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
:		

Office Use Only



100260884751



JUN 2 6 2014 C. CARROTHERS

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: Med co Electric Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>PO400040/83</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
David Arocho (Name of Person)
Med Co Electric Inc (Name of Firm/Company)
10 78 MW 129 PLACE (Address)
MiAMi FL 33/82 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (786) 285-7720 (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
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section

TO:

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

F1L ED 14 JUN 13 AM 9: 39

SECNETARIO CA CA CA TRALLAHAS STEE, FLOR ON

I, MANUEL GONZALEZ, hereby resign as OS (Title)
of Med co Electric Inc (Name of Corporation)
Document Number, if known), a corporation organized under the laws of the State of
Florida
Manuel de Sos Gouraler (Signature of resigning officer/director)

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