

PO4000102493

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDESIGNS INC.
(Name of Corporation)

DOCUMENT NUMBER: P04000102493

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

TAMRA ZUKER
(Name of Person)

ME Designs, Inc.
(Name of Firm/Company)

5850 W Atlantic Ave #710
(Address)

Delray Beach, FL 33484
(City/State and Zip Code)

For further information concerning this matter, please call:

TAMRA ZUKER at (561) 756-3141
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, TINA MARIE AARON hereby resign as Partner
(Title)

of MEDESIGNS INC
(Name of Corporation)

PO4000102493 a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

Tina Marie Aaron

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