JUDDIA JUDDE 1 J

(Requestor's Name)				
(Address)				
(Address)				
(C	ity/State/Zip/Phone #	¥)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
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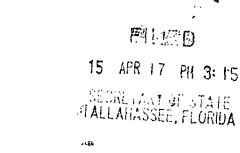
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APR 24 2015

R. WHITE

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: HEPCO MEDICAL LLC			
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this	s matter to the following:		
CHE	RIE A. HANLEY			
····	Name of Person	· · · · · · · · · · · · · · · · · · ·		
ENG	LANDER FISCHER			
	Firm/Company			
721 F	FIRST AVENUE NORTH			
	Address			
ST. F	PETERSBURG, FL 33701			
	City/State and Zip Code			
chan	ley@eflegal.com			
E	E-mail address: (to be used for future annu	ual report notification)		
For fu	rther information concerning this matter,	please call:		
CHE	RIE A. HANLEY	727 898-7210 EXT. 242		
	Name of Person	at () Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHSI	8 (2/14)			





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

	imited liability company as	it appears on the records of the Florida Department
2. The Florida docu L12000124006	-	ssigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/res	igned or will withdraw/resign is: 04/17/2015
(Print No	me of Person Resigning)	hereby withdraw/resign as a
MANAGER AI		
(Print Title)	
of this limited liab resignation in wri	• • •	e limited liability company has been notified of my
Signature of Dis	ssociating Mémber or Resig	ming Manager
	\$25.00 (Required) \$30.00 (Optional)	

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