

L12000124006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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APR 24 2015
R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEPCO MEDICAL LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHERIE A. HANLEY

Name of Person

ENGLANDER FISCHER

Firm/Company

721 FIRST AVENUE NORTH

Address

ST. PETERSBURG, FL 33701

City/State and Zip Code

chanley@eflegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERIE A. HANLEY

Name of Person

at (727)

898-7210 EXT. 242

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
15 APR 17 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: HEPCO MEDICAL LLC
2. The Florida document/registration number assigned to this limited liability company is: L12000124006
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/17/2015
4. I, PATRICIA C. GIL, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER AND MEMBER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)