(Re	equestor's Name)	
(Ac	ddress)	·
(Ac	ddress)	· · ·
	,	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
. (Do	ocument Number)	
. Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	ć	BIM
Resign		
7	Office Use On	



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MED PAL HIME HE (Name of Limited Liability C	Company)
The enclosed member, managing member or manager resulting.	signation and fee(s) are submitted for
Please return all correspondence concerning this matter t	o: ·
Vicante M. Hidalgo (Contact Person)	
(Contact Person)	
	•
(Firm/Company)	
14164 SW 13 H ST (Address)	
Mrzmi, FL 33184 (City/State and Zip Code)	
' (City/State and Zip Code)	
For further information concerning this matter, please ca	ll:
Vicante M. Hida (S.) at (780) (Name of Contact Person) (Area Co	333-1845
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company IED-PAL Hom	as it appears on the	records of the Flo	orida Department	
2. This limited liab	ility company was organiz	zed under the laws of			
	ument/registration number	of this limited liabil	ity company is:		
4. I, EDY (Print No.	LABARCENA ame of Person Resigning)	, hereby resig	gn as a Mc	int Title)	
of this limited lial resignation in wri	bility company and affirm time.	the limited liability	company has bee	en notified of my	
Signature of Resi	gning Member, Managing	Member or Manage		07 MAR 27	SECRE DIVISION
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			27 PM 3: 12	TARY OF STATE OF CORPORATIONS

CR2E079 (5/06)