

L08000631511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

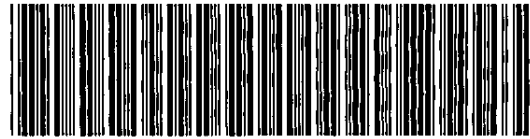
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

OCT 17 2012

EXAMINER



500240796215

10/16/12--01006--002 **25.00

FILED
12 OCT 16 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

FILED
12 00 06
AM 8:48
TAMPA
FLORIDA
DEPARTMENT OF STATE

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: UNIVERSAL MEDICAL DISTRIBUTION CENTER, LLC

2. This limited liability company was organized under the laws of:

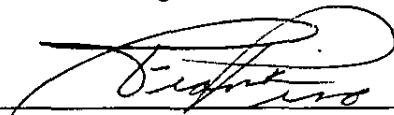
FLORIDA

3. The Florida document/registration number of this limited liability company is:

L08000031511

4. I, FRANK PIND, hereby resign as a MGRM
(Print Name of Person Resigning) *(Print Title)*

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



Signature of Resigning Member, Managing Member or Manager

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL MEDICAL DISTRIBUTION CENTER, LLC.
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

FRANK PINO
(Contact Person)

UNIVERSAL MEDICAL DIST. CNTR.
(Firm/Company)

P.O. BOX 940574
(Address)

MIAMI, FL 33194
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK PINO at (786) 348 3958
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

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

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12 OCT 16 AM 8:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE