

L12000079709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

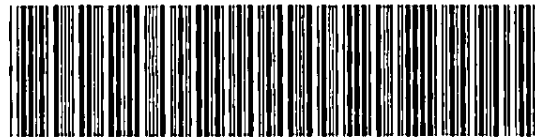
(Document Number)

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18 DEC -5 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BL. VORISEK  
DEC 05 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Universal Medical Supply, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Rebecca Gonzalez  
(Contact Person)

Universal Medical Supply  
(Firm/Company)

2721 SW 137<sup>th</sup> AVE #108  
(Address)

Miami, FL 33175  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca at (786) 326-6915  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2018

REBECA GONZALEZ  
2721 SW 137TH AVE., SUITE 108  
MIAMI, FL 33175

SUBJECT: UNIVERSAL MEDICAL SUPPLY, LLC  
Ref. Number: L12000079709

We have received your document for UNIVERSAL MEDICAL SUPPLY, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please note ARCI GONZALEZ is currently listed as a managing member of the above referenced limited liability company, not as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek  
Director

Letter Number: 718A00023598

*My check for \$87.50 was cashed.*

*786326-6915*



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 DEC -5 PM 1:40  
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: Universal Medical Supply, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L12000079709

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nov. 1 2018

4. I, Arci Gonzalez, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM  
(Print Title)

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

Arci Gonzalez  
Signature of Dissociating Member or Resigning Manager

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