

LI2000124006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

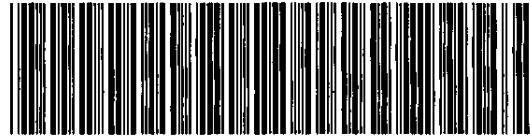
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

14 DEC 22 AM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2014

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Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hepco Medical 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:

Patricia C Gil
(Contact Person)

Hepco Medical, LLC
(Firm/Company)

100 Bluff View #102B
(Address)

Belleair Bluffs, FL 33774
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia C Gil at (727) 743-4648
(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

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

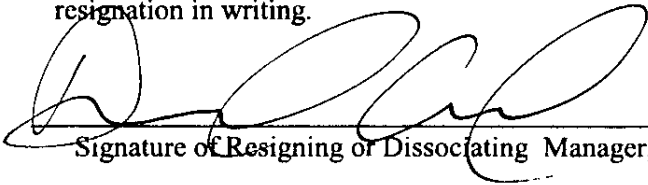
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Hepco Medical LLC

2. The Florida document/registration number of this limited liability company is:
L12000124006

3. The date this member withdrew or will withdraw is: February 12, 2014

4. I, Daniel Ari Gil, hereby resign as a Member
(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 or Dissociating Manager, Member

11-26-14



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



Shelley Snow
State of Florida
My Commission Expires 06/30/2018
Commission No. FF 163781

14 DEC 22 AM 5:57
SECRETARY OF STATE
ALLAHASSEE, FLORIDA
RECORDED
AND
FILED