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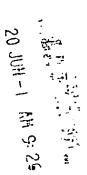
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COVER LETTER

20 Can May Day of the Canal of **TO:** Registration Section Division of Corporations Family Medical Equipment, LLC SUBJECT: Name of Limited Liability Company DOCUMENT NUMBER: L18000240660 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Gary I. Handin, Esq. Name of Person Gary L. Handin, P.A. Name of Firm/Company 3111 University Drive-Suite 605 Address Coral Springs, Florida 33065 City/State and Zip Code AnthonyZappoli@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gary L. Handin at (_____)
Area Code Daytime Telephone Number Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 605.0115, Florida St	tatutes, the undersigned,	ント
Serena Morrisey		, hereby resigns as	Jr. Si
Name of	Registered Agent	,	جي خخ
Registered Agent for	dical Equipment, LLC.		<u> </u>
	Name of Limited Liability	Сотралу	
L18000240660			
Document Number, if k	nown		
A copy of this resignation was n	nailed to the above listed	limited liability company at its last known a	address.
The agency is terminated and the	Serena Od	the 21st day after the date on which this stat	ement is filed.
If signing on behalf of an entity:	v	U	
NOT A	PPLICABLE		
	Typed or Printe	d Name	
	Capacity		

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314