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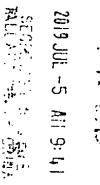
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Modern Medical Supplies			
(Name of Lim	ited Liability Cor	npany)	
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Luis Cabrera			
(Contact Person)		_	
MODERN MEDICAL SUPPLIES LLC			
(Firm/Company)		_	
1121 S MILITARY TRAIL171			
(Address)		_	
Deerfiedl Beach FL 33442			
(City/State and Zip Code)		_	
For further information concerning this matter, please call:			
Luis Cabrera	305 _at (218-0553 _)	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsir \text{\$\substack} \$\su			
Alore			
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	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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 com of State is: MODERN MEDICAL State is:	upany as it appears on the records of the Florida Department UPPLIES LLC
2. The Florida document/registration nu L19000026990	imber assigned to this limited liability company is:
DEFRANCISCO, JOHN	lrew/resigned or will withdraw/resign is: 05/01/2049 , hereby withdraw/resign as a
(Print Name of Person Resigning	-5 A
of this limited liability company and a resignation in writing. Signature of Dissociating Member of	Iffirm the limited liability company has been notified of my
Filing Fee: \$25.00 (Required	i)

Certified Copy:

\$30.00 (Optional)