

MD4000003488

(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



000214356070

11/18/11--01019--003 **85.00

FILED
11 NOV 18 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 21 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HMD BIOMEDICAL LLC
Name of Limited Liability Company

DOCUMENT NUMBER: M04000003488

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:

BRYAN SOWARDS
Name of Person

HMD BIOMEDICAL LLC
Name of Firm/Company

1410 WHITE DRIVE
Address

TITUSVILLE, FL 32780
City/State and Zip Code

BSOWARDS@INFOPIAUSA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRYAN SOWARDS at (321) 267-7576
Name of Person Area Code & Daytime Telephone Number

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 NOV 18 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

CORINNE SANDERS

Name of Registered Agent

, hereby resigns as

Registered Agent for HMD BIOMEDICAL LLC

HMD BIOMEDICAL LLC

Name of Limited Liability Company

M04000003488

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

Corinne Sanders

Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

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 withdrawn limited liability company

FILED
11 NOV 18 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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