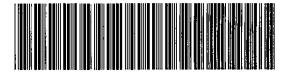
# M0400003488

<u> </u>						
(ке	questor's Name)					
, <u></u>						
(Ad	(Address)					
(Address)						
(City/State/Zip/Phone #)						
	_					
PICK-UP	WAIT	MAIL				
(Bu	siness Entity Nan	ne)				
(Document Number)						
·						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



000214356070

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

11 NOV 18 PM 3: 56
SECRETARY OF STATE ALLAHASSEE, FIGURE

D. BRUCE

NOV 2 1 2011

EXAMINE

### **COVER LETTER**

SUBJECT:	HMD BIOM	<b>EDICA</b>	L LLC				
	Name of Limite	a Liability	y Company	У			
DOCUMENT NUMBER:	N	<u>104000</u>	003488	}			
The enclosed Resignation of Registrofor filing.	ered Agent for	a Limite	d Liabilit	y Company ar	nd fee are	e subr	nitted
Please return all correspondence con	ncerning this n	atter to t	the follow	ing:			
BRYAN SOWA						,	
Name of Perso	n		_				
HMD BIOMEDICA	–						
Name of Firm/Con	npany		_				
1410 WHITE DE	RIVE		_		Ŧ		
Address						=======================================	
TITUSVILLE, FL	32780		_		AHA	I ADN	7
City/State and Zip	Code				SEX SEX	œ	
BSOWARDS@INFOPI	AUSA.COM		-		E.FL	PM	Ш
E-mail address: (to be used for future	annual report not	ification)			유동	ψ	O
For further information concerning to	his matter, ple	ase call:			TE	56	
BRYAN SOWARDS	at (	321	)	267-7576		•	
Name of Person	A	Area Code	& Daytin	ie Telephone N	lumber		

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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

TO:

Amendment Section Division of Corporations

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

## RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of	f section 608.416(2) or 608.509	9, Florida Statutes, the undersigned,
COF	RINNE SANDERS	, hereby resigns as
Na	me of Registered Agent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Registered Agent for	SIOMEDICAL LLC	
	HMD BIOMEDIC	CAL LLC
	Name of Limited Liability C	ompany
M040000	)3488	
Document Numbe	τ, if known	
A copy of this resignation w	as mailed to the above listed li	mited liability company at its last known address.
The agency is terminated an	d the office discontinued on the	e 31st day after the date on which this statement is filed.
	Signature of R	Landon esigning Agent
If signing on behalf of an en	itity:	
_	Typed or Printed	Name
		$\mathbf{\tilde{s}}'_{c}$
	Capacity	TAG 1
	FILING FEES: \$ 85.00 Active limi \$ 25.00 Administra withdrawn	ted liability company tively dissolved/ voluntarily dissolved/ limited liability company

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