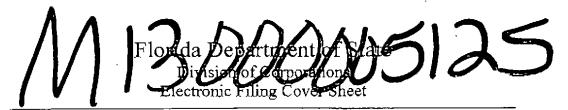
Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : 120120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address plea

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## LLC REGISTERED AGENT RESIGNATION ACHERON MEDICAL SUPPLY, LLC

Certificate of Status	0
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ACHERON MEDICAL SUPPL	
	imited Liability Company
DOCUMENT NUMBER: M13000005125	
The enclosed Resignation of Registered Agen for filing.	it for a Limited Liability Company and fee are submitted
Please return all correspondence concerning t	his matter to the following:
Wendy Hefley	
Name of Person	<del></del>
Incorp Services, Inc.	
Name of Firm/Company	<del></del>
3773 Howard Hughes Parkway, Suite 50	008
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
processing@incorp.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter	r, please call:
Incorp Services, Inc./Wendy Hefley	at ( National Telephone Number ) 866-2500 ext 6904
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check made payable to the Flori liability company or \$25,00 for an administra liability company.	ida Department of State for \$85.00 for an active limited tively dissolved, voluntarily dissolved or withdrawn limited
MAILING ADDRESS:	STREET ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	
	ranamassee, the secon

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Incorp Services	, Inc.	, hereby resigns as
	Name of Registered Agent	, , , , , , , , , , , , , , , , ,
Registered Agent fo	r	
ACHERON MED	DICAL SUPPLY, LLC	
	Name of Limited Liability Company	LEC C
M13000005125	· ·	FIL 2
<b>Досите</b>	nt Number, if known	篇 - m
	nation was mailed to the above listed limited limited limited and the office discontinued on the 31st de	ability company at its last known a deress.  ay after the date on which this statement is filed
	Signature of Resigning	Agent
	of an entity:	
If signing on behalf	•	
If signing on behalf	Wendy Hefley for Incorp Services	s, Inc.
If signing on behalf		s, Inc.
If signing on behalf	Wendy Hefley for Incorp Services	s, Inc.

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