

P 00000 1/02 40

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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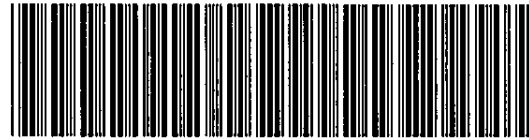
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TREASURY
SEP 11 2014

SEP 15 2014

C. CARROTH RS

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sunshine Medical Equipment & Supplies, Inc
(Name of Corporation)

DOCUMENT NUMBER: P00000110240

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo Medina
(Name of Person)

Sunshine Medical Equipment & Supplies, Inc.
(Name of Firm/Company)

2031 Saxon Blvd. Ste 107
(Address)

Deltona, FL 32725
(City/State and Zip Code)

For further information concerning this matter, please call:

Pablo Medina at (386) 717-0929
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

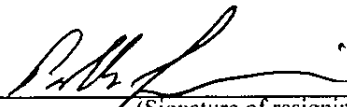
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Pablo Medina, hereby resign as CEO
(Title)

of Sunshine Medical Equipment & Supplies, Inc.
(Name of Corporation)

00000110240 a corporation organized under the laws of the State of
(Document Number, if known)

Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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14 SEP -8 PM 3:22
TALLAHASSEE, FLORIDA