VGV Medical Equipment, Inc 9745 SW 72nd St. Suite 206 Miami, FL 33173

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #) 3000056519439 -05/30/0201045014 ******\$7.50_************************************	<u>.</u>
(Corporation Name)	(Document #)	, <u></u>
3. (Corporation Name)	(Document #)	,£::
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy 2 Photocopy Certificate of Status	:
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	.= .
	Examiner's Initials	

RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,		
Florida Statutes, the undersigned, YAQUELLO Podaiguez (Name of registered agent)		
hereby resigns as Registered Agent for <u>VGV Medical Equipment</u> , Inc. (Name of corporation)	 .	n ne en en en en
A copy of this resignation was mailed to the above listed corporation at its last known addre	ss.	#-
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.	ì .	
(Signature of resigning agent) If signing on behalf of an entity: (Typed or Printed Name)	02 MAY 31 PM 3: 05	
(Capacity)		

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved corporation

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