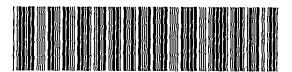
## P01000058415

OS FEB 17 PASS

(Requestor's Name)		
(Address)		
(Ac	ldress)	<del></del>
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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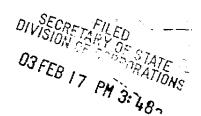
02/17/03--01039--007 \*\*35.00

O/D resign

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HUNTER RILEY MEDICAL SALES (Name of Corporation)
DOCUMENT NUMBER: <u>P01000058415</u>
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
KERRI ADAMY (Name of Person)
(Name of Firm/Company)
662 LAKE GEORGE DRIVE (Address)
MELBOURNE, FL 32940 (City/State and Zip Code)
For further information concerning this matter, please call:
KERRI Albamy at (321) 255-2024 (Name of Porson) (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 Tallabassee FL 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallabassee FL 32319

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



L KERRI ADAMY	, hereby resign as DIRECTOR (Title)
of HUNTER RILEY	MEDICAL SALES, INC.
P01000584/5 (Document Number, if known)	_, a corporation organized under the laws of the State of
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