P02000073152

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|-------------------------|--------------------|-------------|
| (Re | equestor's Name) | ** |
| (Ac | ddress) | |
| (Ac | ddress) | <u></u> |
| (Ci | ty/State/Zip/Phone | → #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ви | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: Yuarcel Medical Supply, Inc. |
| (Name of Corporation) |
| DOCUMENT NUMBER: P02000073152 |
| The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Amelia Jimenez |
| (Name of Person) |
| YUARCEL MEDICAL SUPPLY, INC |
| (Name of Firm/Company) |
| 910 SW 93 AVE |
| (Address) |
| MIANI VI 33174 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Amelia Jimenez at (786) 426–2998 (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation. |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 |

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

C4 JIN 15 PH 2:53

| L Amelia Jimenez | , hereby resign as | President | & Vice President |
|------------------------------------------|----------------------------------------|--------------|------------------|
| | ,, | ··· | (Title) |
| of Yuarcel Medical Supply, Inc. | | | |
| (Name | of Corporation) | | |
| P02000073152 (Document Number, if known) | , a corporation organized un | der the laws | of the State of |
| Florida | <u>_</u> . | | |
| | | | • |
| | Amm | | |
| | Signature of resigning of fiver/direct | or) | |

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