

P02000116568

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LLAMEND MEDICAL SERVICES & ORTHOPEDIC SUPPLIES
(Name of Corporation)

DOCUMENT NUMBER: P02000116568

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

FRANK LLAUDY

(Name of Person)

LLAMEND MEDICAL SERVICES & ORTHOPEDIC :

(Name of Firm/Company)

1850 SW 8th ST STE 204-E

(Address)

MIAMI,FL,33135

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK LLAUDY

(Name of Person)

at (305) 643-2999
(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
409 E. Gaines Street
Tallahassee, FL 32399

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, EMILIO A. MENDEZ, hereby resign as VICEPRESIDENT
(Title)

of LLAMEND MEDICAL SERVICES & ORTHOPEDIC SUPPLIES, Inc.,
(Name of Corporation)

P02000116568, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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TALLAHASSEE, FLORIDA

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