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## **COVER LETTER**

SUBJECT: EAST COAST RESPIRATORY EQUIPMENT, INC. (Name of Corporation)
DOCUMENT NUMBER: PO2000120264
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
JOSE A. LINARES (Name of Person)
(Name of Firm/Company)
5808 SW 69th Ave (Address)
MIANI, Florida 33143 (City/State and Zip Code)
For further information concerning this matter, please call:
Tose A. Liwares at (786) 298-1230 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

TO:

Amendment Section **Division of Corporations** 

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Jose Livares	, hereby resign as VICE Preside	
of EAST COAST RE	ESPIRATORY EQUIPMENT I (Name of Corporation)	NC.
PD2000120264 (Document Number, if known)	, a corporation organized under the laws of the	
FLORIDA	<u>.</u> .	
	Signature of resigning officer/director)	07 MAR 22 PM 2: 46 SEURE TALLAHASSEE, FLORIDA

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

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