

P03000151195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900054731049

*Resignation
of
Officer*

05/27/05--01016--004 **140.00

FILED

05 MAY 27 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 MAY 27 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AOR
5/27/05*

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Jeannie S Maury Medical Supplies Inc.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**RESIGNATION OF OFFICER AND DIRECTOR
AFFIDAVIT**

FILED
05 MAY 27 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

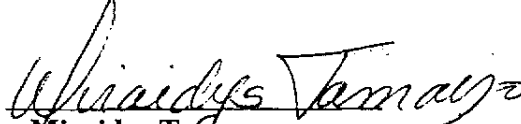
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, personally appeared, Miraidys Tamayo who upon being first duly sworn, says the following:

- 1. That I, Miraidys Tamayo , have resigned as President Jeannie & Maury Medical Supplies Inc. , a Florida Corporation, I have not responsibility with any liability incurred by this corporation and my shares (500) are transferred to Paulino Diaz-Hernandez**
- 2. That the corporation has been notified in writing of the resignation.**

FURTHER AFFIANT SAYETH NAUGHT.


Miraidys Tamayo

Sworn to and subscribed before me this 25th day of May, 2005.
The undersigned notary public specifies that the affix signature being notarized and that affiant personally appeared before the notary at the of notarization. Affiant is personally know or has furnished know or has furnished _____ as identification.


Notary Public , State of Florida



JORGE R. LOPEZ
MY COMMISSION # DD 170023
EXPIRES: December 8, 2006
Bonded Thru Budget Notary Services