

PD6000023616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CONSUMERS  
2016 SEP 20 PM 1:07

SEP 26 2016

C LEWIS

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SENIOR Medical Supplies INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P06000023616

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Carvalho  
(Name of Person)

SENIOR Medical Supplies  
(Name of Firm/Company)

2484 Omaha Dr.  
(Address)

DELTONA, FL 32738  
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Carvalho at ( 407 ) 636-1858.  
(Name of Person) (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  
2661 Executive Center Circle  
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 SEP 20 PM 1:07

I, Maria Carbajal, hereby resign as COO  
(Title)

of SENIOR MEDICAL SUPPLIES INC.  
(Name of Corporation)

PO6000033616, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

\*RESIGNED DUE TO BRAD THOMAS, OWNER CLOSED  
DOWN THE COMPANY. EMPLOYEES WERE NOT PAID  
WAGES FOR A MONTH FOR WORK DONE WITHOUT  
NOTICE.

Maria Carbajal  
(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