

PG6000055848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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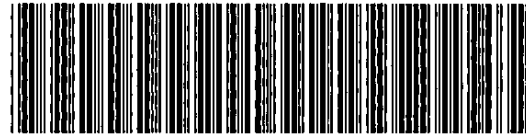
(Business Entity Name)

(Document Number)

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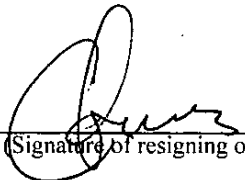
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, CECILIA DE ARMAS, hereby resign as PRESIDENT
(Title)

of ARMAS MEDICAL EQUIPMENT INC,
(Name of Corporation)

P06000055848, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(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
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