

P 13000013336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

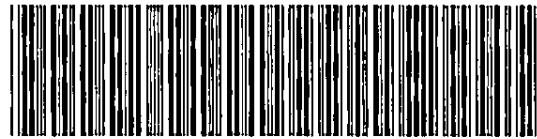
(Business Entity Name)

(Document Number)

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C. GOLDEN

DEC - 6 2017

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **BIOMEDIZIN USA**  
(Name of Corporation)

**DOCUMENT NUMBER:** **P13000013336**

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

Please return all correspondence concerning this matter to the following:

**ANTONIO N FERNANDEZ**  
(Name of Person)

**BIOMEDIZIN USA**  
(Name of Firm/Company)

13506 SUMMERPORT VILLAGE PKWY SUITE 811  
(Address)

**WINDERMERE, FL, 34786**  
(City/State and Zip Code)

For further information concerning this matter, please call:

**ANTONIO N FERNANDEZ** at **(321) 863-9594**  
(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**

I, FELIPE MADRIGAL, hereby resign as SALES MANAGER  
(Title)

of BIOMEDIZIN USA INC  
(Name of Corporation)

P13000013336, a corporation organized under the laws of the State of  
(Document Number, if known)

FLORIDA

Felipe Madrigal  
(Signature of resigning officer/director)

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**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