

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900276287199

08/24/15--01016--018 \*\*35.00

PALLAHASSEE, FLORIDA

15 AUG 24 1/11 7: 56

AUG 2 5 2015

R. WHILE

## TRANSMITTAL LETTER

**Division of Corporations** UROLASER SOLUTION, INC (Name of Corporation) DOCUMENT NUMBER: P14000090428 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Juan Ruiz (Name of Person) **UroLaser Solution, Inc.** (Name of Firm/Company) 8740 SW 183 Terrace (Address) Palmetto Bay, FL, 33175 (City/State and Zip Code) For further information concerning this matter, please call: Raul Sanchez (Name of Person) 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

Tallahassee, FL 32301

2661 Executive Center Circle

XX

**Mailing Address:** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

TO:

Amendment Section

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

<sub>ı,</sub> Juan Ruiz	hereby resign as VP (Title)	
of UroLaser Solution	i, Inc	
(Na	une of Corporation)	
P14000090428	, a corporation organized under the laws of the State of	
(Document Number, if known)		
Florida		
	<del></del> '	

FILING FEE IS \$35.00

(Signature of resigning officer/director)

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

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

