

P15000010182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

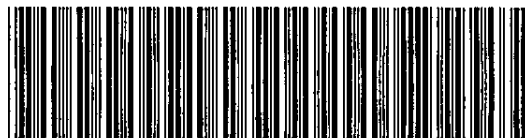
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600276072296

Resignation  
of Officer

08/18/15--01003--013 \*\*35.00

FILED

2015 AUG 18 PM 4:14

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

AUG 19 2015  
A RAMSEY

## TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **MED RESOURCES SUPPLIES CORP**  
(Name of Corporation)

DOCUMENT NUMBER: **P15000010182**

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

Please return all correspondence concerning this matter to the following:

**Lorena Cumare**

(Name of Person)

**L&L Accounting Services Corp**

(Name of Firm/Company)

**5987 NW 102nd AVE**

(Address)

**Doral, FL 33178**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Lorena Cumare**

(Name of Person)

at **(786) 499-9751**

(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

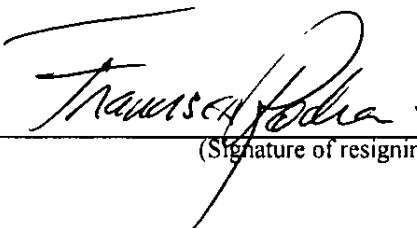
2015 AUG 18 PM 4:14

I, Francisca Rocha, hereby resign as President  
(Title)

of MED RESOURCES SUPPLY CORP  
(Name of Corporation)

P15000010182, 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  
Tallahassee, Florida 32314