P17000 054 275

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: East Medical Inc. (Name of Corporation)
DOCUMENT NUMBER: 7 17 0000 54275
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all-correspondence concerning this matter to the following:
Carmen Hemesath (Name of Person)
(Name of Firm/Company)
14250 Tree Swallow Way (Address)
Lakewood Ranch, FL 39202 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (859) 221-6397 (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.150	9,
Torida Statutes, the undersigned, Carmon Hernes ath (Name of Registered Agent)	
ereby resigns as Registered Agent for <u>East Medical Inc</u> (Name of Corporation)	- · _
(Name of Corporation)	
P17 0000 54 275 (Document Number, if known)	
(Document Number, if known)	
A copy of this resignation was mailed to the above listed corporation at his fast known	addres
The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed.	which
(Signature of Resigning Agent)	
f signing on behalf of an entity:	
(Typed or Printed Name)	
(Typed or Printed Name)	<u>;-;</u>
	•
(Capacity)	
	= :
For Confilling this document.	<u>.</u>
Fee for filing this document: \$87.50 - Active Corporation	
\$35.00 - Administratively dissolved/voluntarily dissolved/	
455.55 National Party Global Foundation of Grant Control	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

withdrawn corporation