P18000059614

(Re	equestor's Name)		
(Ac	ldress)		
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TRANSMITTAL LETTER

LION HEART SURGICIAL SUPPLY CORP. SUBJECT: (Name of Corporation) DOCUMENT NUMBER: P18000059614 The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **FABIAN CONDE** (Name of Person) LION HEART SURGICAL SUPPLY CORP. (Name of Firm/Company) 2001 TYLER STREET #203 (Address) HOLLYWOOD, FLORIDA 33020 (City/State and Zip Code) For further information concerning this matter, please call: **FABIAN CONDE** (Name of Person)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

JANAINA D. NASCIMENTO	EMPLOYEE/OFFICER/DIRECTOR, hereby resign as	
		(Title)
LION HEART SURGICAL SUPPLY CO		
(Name	of Corporation)	
P18000059614	, a corporation organized unde	er the laws of the State of
(Document Number, if known)		
FLORIDA		102-
	Signature of resigning officer/director	2021 HAR 29 AM 9: 40

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