

PI9 000073246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

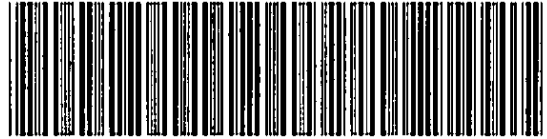
(Business Entity Name)

(Document Number)

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06/10/2021
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BLUE ROSE MEDICAL GROUP CORP
(Name of Corporation)

DOCUMENT NUMBER: P19000073246

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

Please return all correspondence concerning this matter to the following:

AFANIA ECHEMENDIA

(Name of Person)

BLUE ROSE MEDICAL GROUP

(Name of Firm/Company)

3443 SW 25th ST

(Address)

MIAMI, FL 33133-2035

(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Denis

954

232-3633

(Name of Person)

at (

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

Afrania Echemendia

Owner

_____, hereby resign as _____
(Title)

BLUE ROSE MEDICAL GROUP CORP

of _____
(Name of Corporation)

P19000073246

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

FLORIDA

Afrania Echemendia

(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