

P20 0000009369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

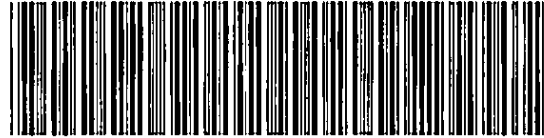
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURE MEDICAL SOLUTIONS INC.
(Name of Corporation)

DOCUMENT NUMBER: P20000009369

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

Please return all correspondence concerning this matter to the following:

LUIS LAPEIRA

(Name of Person)

SURE MEDICAL SOLUTIONS INC.

(Name of Firm/Company)

7200 GRIFFIN ROAD STE 3C

(Address)

DAVIE, FL 33314

(City/State and Zip Code)

For further information concerning this matter, please call:

LUIS LAPEIRA

(Name of Person)

at (305) 219 9932

(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

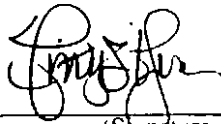
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, TIMOTHY S. DELUCA, hereby resign as VP
(Title)

of SURE MEDICAL SOLUTIONS INC.
(Name of Corporation)

P20000009369, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA



(Signature of resigning officer/director)

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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