

P94000025623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Jose L. Torres stated
officer resigning
is Luis C. Torres

12/15/03

(10)

Typo on our
records with RA
being Luis J. Torres!

Office Use Only



700025125267

12/08/03--01049--014 **35.00

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03 DEC -8 PM 1:55
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OD / Res
(10) 12/15/03

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TLC MEDICAL EQUIPMENT SUPPLY CORP.

(Name of Corporation)

DOCUMENT NUMBER: P94000025623

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 G. TORRES

(Name of Person)

T.L.C. MEDICAL EQUIPMENT SUPPLY CORP.

(Name of Firm/Company)

6005 N.W. 87TH AVENUE

(Address)

MIAMI, FLORIDA 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE L. TORRES

(Name of Person)

at (305) 594-6676

(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
409 E. Gaines Street
Tallahassee, FL 32399

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CLERK OF STATE
TALLAHASSEE, FLORIDA


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, LUIS G. TORRES, hereby resign as 11/13/03
(Title)

of T.L.C. MEDICAL EQUIPMENT SUPPLY CORP.
(Name of Corporation)

P94000025623, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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