

P98000019120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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(Business Entity Name)

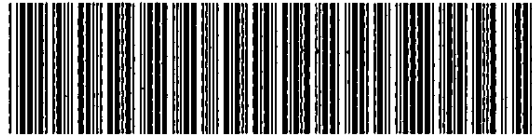
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BARRIERMED, GLOVE COMPANY
(Name of Corporation)

DOCUMENT NUMBER: P98000019120

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

Please return all correspondence concerning this matter to the following:

MR RICO DOS ANJOS
(Name of Person)

BARRIERMED, INC.
(Name of Firm/Company)

169 BETSY BROWN ROAD
(Address)

RYE BROOK NY 10573
(City/State and Zip Code)

PLEASE COPY CORRESPONDENCE TO:

SEPPO E. RAPO MD
175 BAXTER NECK ROAD
MARSTONS MILLS MA 02648

For further information concerning this matter, please call:

SEPPO E. RAPO, MD at (508) 280-8381
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED
2008 AUG 12 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, SEPPO F. RAPO, MD, hereby resign as CEO/DIRECTOR
(Title)

of BARRIERMED. GLOVE CO.
(Name of Corporation)

P98000019120, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

EFFECTIVE : DECEMBER 1, 2007


(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