

L1800018873  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
IM-SUMEDICAL, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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H18000259304



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY.**  
(Pursuant to 605.0216, Florida Statutes)

FILED  
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STATE  
DIVISION OF CORPORATIONS

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: IM-SUMEDICAL, LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L18000018873
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 22, 2018
- 4. I, Fabian Carmine Eliantonio Gamboa, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member/Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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