

L22000264233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

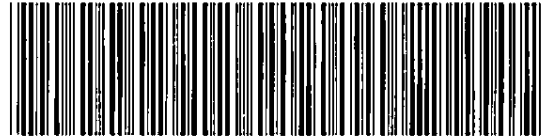
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/26/23--01056--002 \*\*55.00

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2023 SEP 26 PM 3:24  
CLERK OF COURT  
JANUARY 1981  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
[Signature]

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ArgoMed Group, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anatoly Ioffe  
\_\_\_\_\_  
(Contact Person)

ArgoMed Group, LLC  
\_\_\_\_\_  
(Firm/Company)

4822 Fallcrest Cir  
\_\_\_\_\_  
(Address)

Sarasota, FL 34233  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anatoly Ioffe at ( 847 ) 707-4111  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee                       \$55 Filing Fee & Certified Copy

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: ArgoMed Group, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L22000264233

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/19/2023

4. I, Larisa Blyudaya, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager, Partner  
*(Print Title)*

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

*Larisa Blyudaya*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2023 SEP 26 PM 3:24

September 19<sup>th</sup>, 2023

ArgoMed Group LLC / Special Meeting

RE: Voluntary withdrawal of Larisa Blyudaya, Corporate Office and Management Team Member

Corporate Officers in attendance: Anatoly Ioffe, David Mayer, Larisa Blyudaya

On September 19<sup>th</sup>, 2023, at 7:30 PM CST ArgoMed Group, LLC held a special meeting of the Company's Management Team at 1866 Old Willow Rd., Northfield, IL 60093, with all three Corporate Officers in attendance. The purpose of the meeting was to consider the voluntary withdrawal of Officer Larisa Blyudaya as Corporate Officer.

The Officers noted that they reviewed and considered the reasons for Tiffany Gabbay's voluntary withdrawal, particularly her inability to contribute sufficient time and effort to the company's affairs. Based on this review, the following resolution was unanimously adopted:

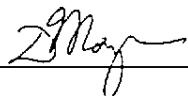
RESOLVED, that Larisa Blyudaya is hereby removed as an Officer of the Corporation.

RESOLVED FURTHER, that the Officers of the Corporation are authorized and directed to take any action necessary to effectuate the foregoing resolution.



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Anatoly Ioffe, CEO and Treasurer



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David Mayer, President and COO



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Larisa Blyudaya, Secretary