

F/5000000892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

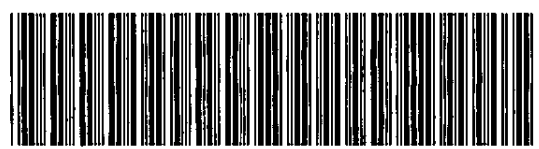
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



000284071120

*Resignation
to officer*

04/04/16--01042--023 **25.00

04/26/16--01007--021 **10.00

FILED
16 APR 25 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 27 2016
A RAMSEY

**00789 06342, 00671*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2016

Chris Conemac
11925 Kirby Smith Rd.
Orlando, FL 32832

SUBJECT: CLOUD MEDICAL IMAGING, INC.
Ref. Number: F15000000892

We have received your document for CLOUD MEDICAL IMAGING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 316A00007232

APR 25 AM 8:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cloud Medical Imaging, INC.
(Name of Corporation)

DOCUMENT NUMBER: F15000000892

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

Please return all correspondence concerning this matter to the following:

Chris Conemac
(Name of Person)

(Name of Firm/Company)

11925 Kirby Smith Rd
(Address)

Orlando FL 32832
(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Conemac at (772) 224-9419
(Name of Person) (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
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

FILED


16 APR 25 AM 11:29

I, Chris Conemac, hereby resign as President ^{SECRETARY OF STATE}
_{TALLAHASSEE, FLORIDA}
(Title)

of Cloud Medical Imaging Inc.
(Name of Corporation)

F15000000892, a corporation organized under the laws of the State of
(Document Number, if known)

Nevada


(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