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(Re	equestor's Name)				
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♦ TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
The Precipio Group LLC SUBJECT:				
	ited Liability Cor	npany)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to:			
Michael Berger, Esq.				
(Contact Person)		-		
Carpenter & Berger, PL				
(Firm/Company)		_		
6400 N. Andrews Avenue, Suite 370				
(Address)		_		
Fort Lauderdale, FL 33309				
(City/State and Zip Code)		-		
For further information concerning this matter	er, please call:			
Michael Berger, Esq.	954 at (772-0127		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		





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)

	nited liability company as it a recipio Group LLC	ppears on the records of the	Florida Department
	ent/registration number assig	ned to this limited liability co	ompany is:
3. The date this meml	per/manager withdrew/resigne	ed or will withdraw/resign is:	December 31, 20/6
4. 1. (Print Name of Person Resigning)			
Managing Mem			
(Pr	int Title)		
of this limited liabil resignation in writing	ity company and affirm the ling.	mited liability company has b	oeen notified of my
Pond	24		
Signature of Diss	ockering Member or Resigning	g Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		