L050000 43375

Daniel Ghiragossian Ste 105 12300 Southshore Blvd Wellington, FL 33414	-
(Address)	
(City/State/Zip/Phone #)	±
PICK-UP WAIT MAIL	
(Business Entity Name)	-
	_
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
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Office Use Only	P



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08/19/05--01007--019 **25.00

SECRED BY OF STATE

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

1, JORGE Daniel	CHIRAGOSSIAN hereby resign as	MEHBER (Title)	Liceral Fider		
or ALLINCE	MEDICAL DMAGING (Limited Liability Company)	. L. i. e.	·		
a limited liability company organize	ed under the laws of the State of	TLO RIDA			
and affirm that the limited liability company has been notified in writing of the resignation.					
(Signature of resignature)	ning manager, managing member o	r member)	FILED 05 AUG 19 AM 9:		

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tailahassee, FL 32314