

206000065295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

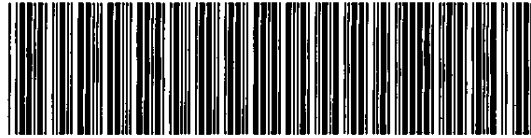
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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Jack E. Baron, hereby resign as Managing Member  
(Title)

of MEDICALSKIN SOLUTIONS, L.L.C.  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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

Jack E. Baron  
(Signature of resigning manager, managing member or member)

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FILING FEE IS \$25.00 <sup>#</sup>35.00

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Division of Corporations  
P.O. Box 6327  
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