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(Re	questor's Name)	•
(Ad.	dress)	· · · · · · · · · · · · · · · · · · ·
(Au	uiess)	
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(Ad	dress)	
• •		
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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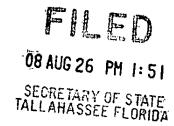
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BIOTONIC LLC	
(Name of Limited Liability	Company)
The enclosed member, managing member or manager r filing.	esignation and fee(s) are submitted for
Please return all correspondence concerning this matter	to:
ALY	<u></u>
(Contact Person)	
DENNIS R BEDARD, ESQ.	
(Firm/Company)	
1717 N BAYSHORE DRIVE SUITE 215	
(Address)	
MIAMI, FL 33132	
(City/State and Zip Code)	
For further information concerning this matter, please of	call:
ALY at (_30	5 530 0795
(Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flori	da Department of State for
\$25 Filing Fee	\$55 Filing Fee &
	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the re	cords of the Florida Department
of State is: BIOTONIC LLC	
2. This limited liability company was organized under the laws of: .FLORIDA	
3. The Florida document/registration number of this limited liabilit L0600074632	y company is:
4. I, STEPHANIE RIVES DE LAVAYSSE, hereby resign	n as a MGR
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the limited liability cresignation in writing.	ompany has been notified of my
- Carreyon	·
Signature of Resigning Member, Managing Member or Manager	. ·