

L670000 92359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

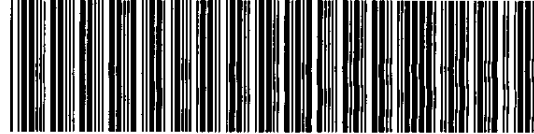
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 12 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MEDTEK MEDICAL SOLUTIONS, LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

FELIX M ZUNIGA

Name of Person

MEDTEK MEDICAL SOLUTIONS LLC

Firm/Company

2828 NW 72 AVE

Address

MIAMI, FL 33122

City/State and Zip Code

mzuniga@medtek-ms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FELIX M ZUNIGA

Name of Person

at (786) 312-9686

Area Code Daytime Telephone Number

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MEDTEK MEDICAL SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000092359

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2016

4. I, ARNIE APPELL, hereby withdraw/resign as a
(Print Name of Person Resigning)

COO

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

Burt Muchnik
Notary Public
State of Florida

My Commission Expires 12/15/2019
Commission No. FF 843653