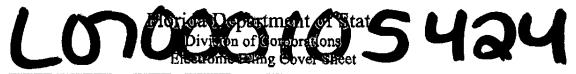
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12/20/2016

Division of Corporations



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Division of Corporations

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: (850)617-6383

From:

Account Name : CONTEGA BUSINESS SERVICES, LLC

Account Number : I20060000142

Phone Fax Number : (904)301-1269 : (904)301-1279

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT RESIGNATION MEDPRO DEVICES, LLC

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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 605.0115, Florida Statutes, the unders	igned,
Contega Business	Services, LLC	hereby resigns as
	Name of Registered Agent	
Registered Agent for M	edPro Devices, LLC	
	Name of Limited Liability Company	
L07000105424		
Document Nu	mber, If known	
A copy of this resignation	on was mailed to the above listed limited liability or	ompany at its last known address.
The agency is terminate	d and the office discontinued on the 31st day after t	the date on which this statement is filed.
	lmv e	
	Signature of Resigning Agent	
If signing on behalf of a	R A	
	Contega Business Services, LLC, by	20 P
	Typed or Printed Name	
	William M Hammill II, Executive Vice Pre	asideni . :n
	Capacity	<u> </u>

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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

INH\$17 (2/14)