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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

## **COVER LETTER**

for

TO: Registration Section Division of Corporations	
SUBJECT: Kinetic Concepts // (Name of Limited Liability Company)	
The enclosed member, managing member or manager resignation and filing.	ee(s) are submitted
Please return all correspondence concerning this matter to:	
Michael Schmidt (Contact Person)	
Kinetic Concepts, LLC	
P.O. Box 261481 (Address)	
Tampa F1 33685 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Michael Schmidt at (813) 500 (Name of Contact Person) at (Area Code & Daytime)	) - 915 4 Telephone Number)
Enclosed please find a check made payable to the Florida Department of \$25 Filing Fee \$55 Filing F Certified	ee &
Registration SectionRegistrationDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 6	Corporations

CR2E079 (5/06)

Tallahassee, Florida 32301



## 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 records of	the Florida Denariment
of State is:	Kinetic Concep	sts , LLC	
	of Florida	d under the laws of:	
3. The Florida doct	ument/registration number o	f this limited liability compar	ny is:
4. I, Ryan	Schmidt Jame of Person Resigning)	, hereby resign as a/	Member / VP (Print Title)
of this limited lia resignation in wr	• •	e limited liability company l	nas been notified of my
Signature of Res	Shwift igning Member, Managing N	Member or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 APR - SECRETAL TALLAHAS
			- PH 3:

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