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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Rand B Medical Distributors LLC. (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Claus Roden bostel (Contact Person)
Rand B Medical Distributors LLC. (Firm/Company)
3212 N, 40th St Suite 103B
Tampa FL 33605 (City/State and Zip Code)
For further information concerning this matter, please call:
Clans Rodenbostel at (813) 435-3561 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$25 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

Division of Corporations

2661 Executive Center Circle

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 lin of State is:R	nited liability company as it a B Medical Distri	ppears on the records o butois, LLC	f the Florida Depa	rtment 	
2. This limited liabilit	y company was organized un				
3. The Florida docum	ent/registration number of thi	s limited liability comp	any is:		
4. I, John (Print Nam	Bilofta e of Person Resigning)	_, hereby resign as a	MGRM (Print Title)		
Signature of Resign		s Rodenbosk()	has been notified LARY OF STATE AND A SSEE FLORIDA	13 APR 24	
Certified Copy:	\$30.00 (Optional)				