

L11000129445

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : 120070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
OMNI MEDICAL CONSULTANTS, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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7-7-14

Thursday, July 03, 2014

DC

H140001600433



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: OMNI MEDICAL CONSULTANTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L11000129445

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/03/2014

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

MGR

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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