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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Tallahassee, Florida 32301



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	timited liability company as it appears on the records of the Florida Departme	ent
	Bandage Technology LLC	
2. The Florida doc L1200006241	ument/registration number assigned to this limited liability complined is:	
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	「 て
4. I. Christopher	J Terry, hereby withdraw/resign as a	
	lame of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr	bility company and aftirm the limited liability company has been notified of mitting.	ıy
Signature of D	issociating Member or Resigning Manager	
Filing Fee: Certified Copv:	\$25.00 (Required)	
Cerunea Copy:	\$30.00 (Optional)	