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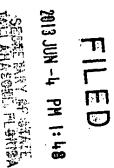
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JUN - 5 2019 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Intell MD, 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:

Daniel Cueto

(Contact Person)

Intell MD, LLC

(Firm/Company)

290 Navarre Ave Suite 101

(Address)

Miami, FI 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D Cifuentes

_{3.7}786

226-6621

(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

□ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



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 of State is: Inte	- • •	it appears on the records of th	e Florida Department		
2. This limited liab	ility company was organized	under the laws of:			
3. The Florida doct L130000547	-	this limited liability company	y is:		
4. I, Richard D.	Cifuentes	, hereby resign as a MG	R		
(Print Name of Person Resigning)		,	(Print Title)		
of this limited lia resignation in wr		e limited liability company ha	s been notified of my		
AN C					
Signature of Resi	gning Member, Managing M	ember or Manager	NUC EIR		
Filing Fee:	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				