# L13000098553

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

N. Guilligen FEB 1 7 2014;

#### COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clarity Diagnostics, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**Daniel Leger** 

(Contact Person)

Clarity Diagnostics, LLC

(Firm/Company)

1060 Holland Drive, Ste A & D

(Address)

Boca Raton, FL 33487

(City/State and Zip Code)

For further information concerning this matter, please call:

**Daniel Leger** 

<sub>47</sub>561 \ 288-9028

(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 (12/13)





### 2014 FEB 13 AM 10: 17.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as rity Diagnostics, LLC	it appears on the records of the Florida Department
2. The Florida doce L130000985	-	f this limited liability company is:
3. The date this me	mber withdrew or will with	draw is: 12/31/2013
<sub>4. I.</sub> Ashish Parikh		, hereby resign as a Manager
(Print Name of Person Resigning)		(Print Title)
of this limited lia resignation in wr		e limited liability company has been notified of my
Signature of Re	esigning or Dissociating Ma	nager, Member
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

CR2E079 (12/13)