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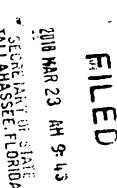
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S. WARREN MAR 2 6 2018

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: Pl Med Search	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Anita Kendall Trosky	
(Contact Person)	
PI Med Search	
(Firm/Company)	
230 S Gunlock Ave	
(Address)	
Tampa, FL 33609	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
A. Kendali Trosky	813 690-8844
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section
Registration Section Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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)

	limited liability company a	as it appears on the records of the Florida Department.
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L1400009848	8	
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is: 3/15/2018
Dobot C. L.	no le	
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MGR		
	(Print Title)	
of this limited lia resignation in wr	·	the limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SECRE