# L14000100355

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SECRETARY OF SHALL BIVISION OF CORPORATIONS

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#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: AXX is M	edical LLC
	tited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Marc Gurdon (Contact Person)	
1 (	<b>~</b>
Netwide Media 6	roup
511 SE 5th Au.	·
(Address)	
Fl. Landrdale Pl. 3:	3301
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Marc Gordon	at (646) 281-8245
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Englosed 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
Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

#### STREET/COURIER ADDRESS:

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

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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Axxis Medical LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
	00/00355
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 4/10/2015
4. I, V G C	me of Person Resigning), hereby withdraw/resign as a
Partner	Margainy Mamber  Hrint Title)
resignation in with	
	sociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)