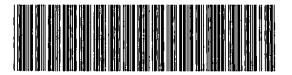
L16000107551

_ (R	equestor's Name)				
(Address)					
(A	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bi	usiness Entity Nam	e)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
		İ			





900288198209

07/26/16--01010--008 **25.00

2016 JUL 25 PM 5: 51

16 JUL 25 ANIO: 42
SECRETARY OF STATE

II. HORRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Nematology Solutions Asso	ciates, LLC	
	ited Liability Cor	mpany)
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Brent Wood		
(Contact Person)		_
Nematology Solutions Associates, LLC		
(Firm/Company)		_
2146 NW 87 Ter		
(Address)		_
Gainesville, FL 32606		
(City/State and Zip Code)		_
For further information concerning this matt	er, please call:	
Brent Wood	352	226-9438
(Name of Contact Person)		e & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee		Department of State for: g 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 (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	t appears on the records of the	Florida	Depar	tment
of State is: Nem	atology Solutions Associate	es, LLC			·
2. The Florida docu L1600010755	•	igned to this limited liability c	ompany	is:	
3. The date this men	mber/manager withdrew/resig	ned or will withdraw/resign is	June	6th 20	016
4. I, Tony Scholle	nberger ame of Person Resigning)	, hereby withdraw/resign a	ıs a		
MGR					
	(Print Title)				
of this limited lial resignation in wri		limited liability company has	been not	ified (of my
Tone	Scholl		ಫ		
Si gnature of Di	ssociating Member or Resigni	ing Manager	SECRE I	5 #	Fayer A. (
	\$25.00 (Required) \$30.00 (Optional)		ART OF STAT	UL 25 AH 10:4	