Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000221219 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 1 (850)385-6735 Phone

Fax Number : (954)641-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEDMATRIX LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 07 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

H16000221219



## 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)

2. The Florida doc L1600016084	ument/registration number assigned to this limited liability company is:	16 SEP
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	-6
, David J.Sch	ottenfeld handly suith draw/sasian as a	AM
1. I,(Print t	ottenfeld , hereby withdraw/resign as a lame of Person Resigning)	6: ۲
AMBR		0
<del></del>	(Print Title)	
resignation in wi	bility company and affirm the limited liability company has been notified iting.  Sociating Member of Resigning Manager	d of m
Filing Fce:	\$25.00 (Required)	
	\$30.00 (Optional)	

CR2E079 (2/14)