

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INMUHEALTH GROUP LLC

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Y. SULKER

OCT 07 2020

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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: INMUHEALTH GROUP LLC
2. The Florida document/registration number assigned to this limited liability company is:
L17000069138
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-01-2020
4. I, ALTAGRACIA A. VICTORIA, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

A handwritten signature in black ink, appearing to read "Altigracia A. Victoria", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
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